


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90073 049 \*\*\*150.00

DOCUMENT # P99000107398  
 1. Entity Name  
 KENT HOLDING GROUP, INC.



Principal Place of Business Mailing Address  
 C/O KENT SECURITY INC. C/O KENT SECURITY INC.  
 14600 BISCAYNE BLVD. 14600 BISCAYNE BLVD.  
 NORTH MIAMI BEACH FL 33181 NORTH MIAMI BEACH FL 33181



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E034 (10/06)  
 4. FEI Number 65-1015113 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SERNS, DAVID R ESQ,  
 17101 N.E. 19TH AVE  
 SUITE 205  
 MIAMI FL 33162

7. Name and Address of New Registered Agent  
 Name Gil Neuman  
 Street Address (P.O. Box Number is Not Acceptable)  
 14600 Biscayne Blv.  
 City NMB FL Zip Code 33181

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Gil Neuman* DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, SHLOMI	
STREET ADDRESS	14600 BISCAYNE BLVD.	
CITY ST ZIP	MIAMI FL 33181	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALEXANDER, ORLY	
STREET ADDRESS	14600 BISCAYNE BLVD.	
CITY ST ZIP	MIAMI FL 33181	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NEUMAN, GIL	
STREET ADDRESS	14600 BISCAYNE BLVD.	
CITY ST ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gil Neuman* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_