

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68568

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: KISLAK LIMITED INVESTMENTS, INC.

**Current Principal Place of Business:**

7900 MIAMI LAKES DRIVE WEST  
HIALEAH, FL 33016

**New Principal Place of Business:**

7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7900 MIAMI LAKES DRIVE WEST  
HIALEAH, FL 33016

**New Mailing Address:**

7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

FEI Number: 65-0276947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMPLO, CHRISTY  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: KISLAK, JAY I  
Address: 7900 MIAMI LAKES DR W  
City-St-Zip: MIAMI LAKES, FL 33016

Title: DPT ( ) Delete  
Name: BARTELMO, THOMAS  
Address: 7900 MIAMI LAKES DR WEST  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete  
Name: LUBOW, CHERYL  
Address: 7900 MIAMI LAKES DRIVE WEST  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPS ( ) Delete  
Name: COMPLO, CHRISTY  
Address: 7900 MIAMI LAKES DRIVE WEST  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete  
Name: BRAUN, STEPHEN  
Address: 7900 MIAMI LAKES DRIVE WEST  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTY COMPLO

VPS

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date