

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90455 047 \*\*\*150.00

**DOCUMENT # 355874**

1. Entity Name  
KGI INC



Principal Place of Business  
1375 LOCUST ST #218  
WALNUT CREEK, CA 94596 US

Mailing Address  
1375 LOCUST ST  
STE #218  
WALNUT CREEK, CA 94596 US



02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1279272

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PHILLIPS, SYLVIA  
423 GIRALDA AVE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME KAPLAN, EVELYN  
STREET ADDRESS 51 CAMINO DON MIGUEL  
CITY-ST-ZIP ORINDA, CA

TITLE VT  
NAME DAVIS, SUSAN  
STREET ADDRESS 6413 NW 109 TERR 2981 S.W. 133rd Ave  
CITY-ST-ZIP MIAMI FL MIRAMAR, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN KAPLAN

Date

Daytime Phone #

4/08/04 905-932-6795