

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40484

Entity Name: KAI SAI ALLIANCE, INC.

FILED  
Jan 07, 2005  
Secretary of State

**Current Principal Place of Business:**

CB11  
P.O. BOX 666957  
POMPANO BEACH, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

CB11  
P.O. BOX 666957  
POMPANO BEACH, FL 33066

**New Mailing Address:**

FEI Number: 65-0224457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAUENS, JAMES  
2334 S CYPRESS BEND DR  
#909  
POMPANO BEACH, FL 33069 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

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: POMERANZ, FRANKLIN G.  
Address: 415 SE 11TH TERRACE #305  
City-St-Zip: DANIA, FL

Title: DC ( ) Delete  
Name: CRAVENS, JAMES C.,  
Address: 2334 S. CYPRESS BEND DR, #909  
City-St-Zip: POMPANO BEACH, FL

Title: DS ( ) Delete  
Name: BERNAZZOLI, JOHN M.,  
Address: 2734 POLK ST.  
City-St-Zip: HOLLYWOOD, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. CRAVENS

DC

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date