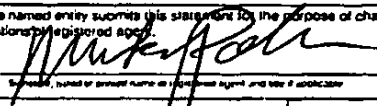
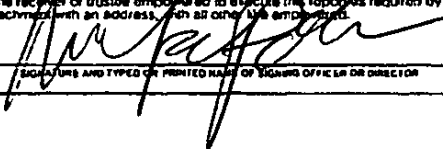


FILED
Mar 26, 2008 8:00 am
Secretary of State

01-22-2008 90083 015 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/2¹

DOCUMENT # P99000070597																																		
1. Entity Name 4KPJ, INC																																		
Principal Place of Business 8205 NW 30 TERRACE MIAMI, FL 33122		Mailing Address 8205 NW 30 TERRACE MIAMI, FL 33122																																
DO NOT WRITE IN THIS SPACE																																		
2. Name and Address of Current Registered Agent POLLER, ROBERT 8205 NW 30 TERRACE MIAMI, FL 33122		3. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																
4. FEI Number 65-0975627		Applied For Not Applicable																																
5. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																		
6. 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 		DATE 3/3/08																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00																																		
10. OFFICERS AND DIRECTORS																																		
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>POLLER, ROBERT H</td></tr><tr><td>STREET ADDRESS</td><td>8205 NW 30 TERRACE</td></tr><tr><td>CITY-STATE-ZIP</td><td>MIAMI, FL 33122</td></tr><tr><td>TITLE</td><td>ST</td></tr><tr><td>NAME</td><td>POLLER, MICHAEL</td></tr><tr><td>STREET ADDRESS</td><td>8205 N W 30 TERRACE</td></tr><tr><td>CITY-STATE-ZIP</td><td>MIAMI, FL 33122</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table>			TITLE	P	NAME	POLLER, ROBERT H	STREET ADDRESS	8205 NW 30 TERRACE	CITY-STATE-ZIP	MIAMI, FL 33122	TITLE	ST	NAME	POLLER, MICHAEL	STREET ADDRESS	8205 N W 30 TERRACE	CITY-STATE-ZIP	MIAMI, FL 33122	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the reports 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 live employees.																																		
SIGNATURE: 		DATE 3/21/08																																

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