2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825212

THE KICLAR COMPANY INC

FILED Apr 10, 2009 Secretary of State

Entity Name: THE KISLAK COMPANY, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 330162897				7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016			
Current Mailing Address:				New Mailing Address:			
7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 330162897				7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016			
FEI Number:	22-1913039	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Des	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COMPLO, CHRISTY 7900 MIAMI LAKES DR W. MIAMI LAKES, FL 33016 US				COMPLO, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 US			
The above in the State		bmits this statement for the pu	rpose o	f changing it	ts registered of	fice or registered ager	nt, or both,
SIGNATURE:				04/10/2009			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D KISLAK, JAY 7900 MIAMI LAKE MIAMI LAKES, FL	S DR. W.		Title: Name: Address: City-St-Zip:	KISLAK, JAY I	Change () Addition KES DRIVE WEST FL 33016	
Title: Name: Address: City-St-Zip:	SVP () D STILES, LINDA M 1000 RT. 9 WOODBRIDGE, N			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	AVP () D COOMPLO, CHRI 7900 MIAMI LAKE MIAMI LAKES, FL	STY ES DR. W.		Title: Name: Address: City-St-Zip:	COMPLO, CHRI	KES DRIVE WEST	
Title: Name: Address: City-St-Zip:	DSVP () D BARTELMO, THO 7900 MIAMI LAKE MIAMI LAKES, FL	MAS ES DR, WEST		Title: Name: Address: City-St-Zip:	BARTELMO, TH	KES DRIVE WEST	
Title: Name: Address: City-St-Zip:	P () D WIENER, JEFFRE 1000 ROUTE 9 WOODBRIDGE, N	ΞΥ		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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 **AVP** 04/10/2009