

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40484

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** KAI SAI ALLIANCE, INC.

**Current Principal Place of Business:**

370 NW 76 AVE  
#401  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

370 NW 76 AVE  
#401  
MARGATE, FL 33063

**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:**

CRAVENS, JAMES  
370 NW 76 AVE  
#401  
MARGATE, FL 33063 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  
**Name:** POMERANZ, FRANKLIN G.  
**Address:** 655 N. FEDERAL HWY, #8  
**City-St-Zip:** HOLLYWOOD, FL 33022 US

**Title:** DC  
**Name:** CRAVENS, JAMES C.  
**Address:** 370 NW 76 AVE #401  
**City-St-Zip:** MARGATE, FL 33063

**Title:** DS  
**Name:** BERNAZZOLI, JOHN M.  
**Address:** 2734 POLK ST.  
**City-St-Zip:** HOLLYWOOD, FL 33020

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES CRAVENS

DC

01/24/2011

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

\_\_\_\_\_  
Date