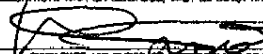


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90042 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000016333			
1. Entity Name KIMAERA ENTERPRISES, INC.			
Principal Place of Business 5785 HAYES STREET HOLLYWOOD, FL 33021		Mailing Address 5785 HAYES STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business 440 South Cypress Rd		3. Mailing Address 440 South Cypress Rd	
City & State Pompano Beach, FL		City & State Pompano Beach	
Zip 33060		Country Broward	
4. FEI Number 65-0393818		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent SACCO, VINCENT 5785 HAYES STREET HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Vincent Sacco 5735 Hayes Street Hollywood FL 33021	
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 Vincent Sacco DATE 4-29-03			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACCO, VINCENT 5785 HAYES STREET HOLLYWOOD, FL 33021	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOOTH, SARAH 5785 HAYES STREET HOLLYWOOD, FL 33021	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5735 Hayes St Hollywood FL 33021	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	440 S. Cypress Rd Pompano Beach FL 33060	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		Date 4-29-03 954-946-7908	