

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40484

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

**Current Principal Place of Business:**

370 NW 76 AVE  
#401  
MARGATE, FL 33063

**Current Mailing Address:**

370 NW 76 AVE  
APT 401  
MARGATE, FL 33063 US

**FEI Number:** 65-0224457

**Certificate of Status Desired:** No

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

CRAVENS, JAMES  
370 NW 76 AVE  
APT 401  
MARGATE, FL 33063 US

*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

**Officer/Director Detail :**

Title DPT  
Name POMERANZ, FRANKLIN G.  
Address 13624 TAMiami TRAIL, #168  
City-State-Zip: NORTH PORT FL 37287

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

Title DS  
Name BERNAZZOLI, JOHN M.  
Address 2734 POLK ST.  
City-State-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 C CRAVENS

DC

01/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date