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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DP

SIGNATURE: LAROCQUE, JOHN

Electronic Signature of Signing Officer/Director Detail

<u>2019</u>	FLORIDA PROFIT	CORPORATION	ANNUAL REPORT

DOCUMENT# P98000029852

Entity Name: K.A.L. ENTERPRISES OF S.W. FLORIDA, INC.

Current Principal Place of Business:

3949 EVANS AVE 403 FORT MYERS. FL 33901

Current Mailing Address:

3949 EVANS AVE 403 FORT MYERS. FL 33901

FEI Number: 65-0823818

Name and Address of Current Registered Agent:

LAROCQUE, JOHN M 3949 EVANS AVE 403 FORT MYERS, FL 33901 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:

Officer/D

DP	Title	DST		
LAROCQUE, JOHN	Name	LAROCQUE, DEBORAH		
3949 EVANS AVE #403	Address	3949 EVANS AVE #403		
FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901		
	LAROCQUE, JOHN 3949 EVANS AVE #403	LAROCQUE, JOHNName3949 EVANS AVE #403Address		

JILE.						
	Electronic Signature of Registered Agent					
Director Detail :						
	DP	Title	DST			
	LAROCQUE, JOHN	Name	LAROCQUE, DEBORAH			
	3949 EVANS AVE #403	Address	3949 EVANS AVE #403			

Certificate of Status Desired: No

04/17/2019

Date

FILED Apr 17, 2019 Secretary of State 1898297429CC

Date