

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 301259					
1. Entity Name K-A-M OF BROWARD COUNTY, INC.					
Principal Place of Business 2250 S.W. 66TH TERRACE FORT LAUDERDALE FL 33317			Mailing Address 2250 S.W. 66TH TERRACE FORT LAUDERDALE FL 33317		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1140497	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDERSON CARROLL RAY 2250 S.W. 66TH TERRACE FORT LAUDERDALE FL 33317			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing			\$5.00 May Be Added to Fees		
Trust Fund Contribution. ☐					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ANDERSON, CARROLL RAY		NAME		
STREET ADDRESS	2250 S.W. 66TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MIZE, JACK K.		NAME		
STREET ADDRESS	2250 S.W. 66TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 authority with an authority with all authority required.					
SIGNATURE: CARROLL RAY ANDERSON 2/7/06 954-495-0306					