


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 344526**  
 1. Entity Name  
**KRAMER SECURITIES CORPORATION**



Principal Place of Business 7120 SW 95 ST P O DRAWER 431456 MIAMI, FL 33243	Mailing Address 7120 SW 95 ST P O DRAWER 431456 MIAMI, FL 33243
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1279007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KRAMER, ALBERT**  
 7120 S.W. 95 STREET  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000160479 05/14/04-80005-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAMER, ALBERT 7120 SW 95TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRAMER, SANDRA 7120 S W 95TH ST MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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: Albert Kramer **ALBERT KRAMER, PRESIDENT** 5/11/04 (305) 667-9922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #