


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90455 047 ***150.00

DOCUMENT # 355874	
1. Entity Name KGI INC	

Principal Place of Business 1375 LOCUST ST #218 WALNUT CREEK, CA 94596 US	Mailing Address 1375 LOCUST ST STE #218 WALNUT CREEK, CA 94596 US
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DO NOT WRITE IN THIS SPACE

02132004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1279272	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

PHILLIPS, SYLVIA
 423 GIRALDA AVE
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

B. 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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PS KAPLAN, EVELYN 51 CAMINO DON MIGUEL ORINDA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DAVIS, SUSAN 6413 NW 109 TERR 2981 S.W. 133rd Ave MIAMI, FL MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Evelyn Kaplan 4/08/04 905-932-6795
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #