

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 380439

1. Entity Name
KEVORKIAN ENTERPRISES, INC.



Principal Place of Business
**3200 PALM AVE
HIALEAH, FL 33012**

Mailing Address
**3200 PALM AVE
HIALEAH, FL 33012**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1349061

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KEVORKIAN, VIRGINIA
19631 E.OAKMONT DR.
MIAMI, FL 33015**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
KEVORKIAN, VIRGINIA
3200 PALM AVE
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KEVORKIAN, VALERIE
3200 PALM AVE
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KEVORKIAN, MICHELE
3200 PALM AVE
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KEVORKIAN, STEPHANIE
3200 PALM AVE.
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000414924
02/11/06-80057-013 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/06

Date

305 887 8726

Daytime Phone #