

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 392996</b> 1. Entity Name <b>KIM 'N' LAN, INC.</b>		
Principal Place of Business <b>KIM'S REFRIGERATION SERVICE                  15422 NE 21ST AVE                  NORTH MIAMI BEACH, FL 33162-6008 US</b>		Mailing Address <b>KIM'S REFRIGERATION SERVICE                  15422 NE 21ST AVE                  NORTH MIAMI BEACH, FL 33162-6008 US</b>
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
4. FEI Number <b>59-1845922</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>ACKERMAN, STEVEN M.                  7328 SW 48TH ST.                  MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when electing)</small>		DATE
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHAN, JOHN K</b> <b>16422 N.E. 21ST AVE.</b> <b>NORTH MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>CHAN, ELAINE</b> <b>16422 N.E. 21ST AVE.</b> <b>NORTH MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:		Date: <b>4/23/03</b> / 305-944-6688 Daytime Phone #

11017189



CHECK HERE IF MAKING CHANGES

CREC034 (10/02)