FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90701 010 ***150.00

110370

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #418575

1. Entity Name
KENASTON CORP.

Principal Place of Business
400 LESLIE DR #1105
#215
HALLANDALE, FL 33009 US

1815 Griffin Road
301
Dania Beach, Fl
33433 USA

Mailing Address
400 LESLIE DR #1105
215
HALLANDALE, FL 33009 US

1815 Griffin Road
301
Dania Beach, Fl
33433 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1507873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

Registered Agent

KENNETH WOLOFSKY
400 LESLIE DR 216
HALLANDALE, FL
HALLANDALE, FL 33009

Name: PETER WOLOFSKY
Street Address: 1815 Griffin Road, Suite 301
City: Dania Beach, Fl 33433
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or regist... familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLOFSKY, PETER 400 LESLIE DRIVE, #215 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1815 Griffin Road, Suite 301 Dania Beach, Fl 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: (X) 4/28/03 954 925 2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #