## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 421730**

FILED May 13, 2004 Secretary of State

Entity Na	me: KIMRE, IN	IC			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
16201 SW MIAMI, FL	95 AVE, #303 33157 US				
Current Mailing Address:			New Mailing Address:		
PO BOX 5 MIAMI, FL	71240 332571240 U	S			
FEI Number	: 59-1513528	FEI Number Applied For()	FEI Number Not App	icable ( ) Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
16201 SW	EN, GEORGE C 95 AVE, #303 33157 US	<b>.</b>			
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notic	e.	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () PEDERSEN, GI 16201 SW 95 A MIAMI, FL 331	VE, SUITE 303	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition PEDERSEN, GEORGE C, 16201 SW 95 AVE, SUITE 303 MIAMI, FL 33157	
Title: Name: Address: City-St-Zip:	D () WYATT, JOHAN 110 CAMP JOY INTERLACHEN,	RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () PEDERSEN, M/ 105 FAIRSIDE, LYNDEN, WA 9	UNIT B	Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition PEDERSEN, MARRIETTA 727 WEST POLE RD FERNDALE, WA 982488809	
Title: Name: Address: City-St-Zip:	S () ORR, MARTINE 1010 S ORAIBI PUEBLO WEST	СТ	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	P ( ) Change (X) Addition SIMONS, MICHAEL A., 1925 BRICKELL AVE, APT. D806 MIAMI, FL 33129	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE C PEDERSEN 05/13/2004 TD