## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90043 019 \*\*\*150.00

DOCUMENT # 421730  1. Entity Name KIMRE, INC								(	)1-3U-2U( 				30.00
Principal Place of Business Mailing Address					•			ĐU	vvva	11	U		
16201 SW 95 AVE, #303			PO BOX 571240										
MIAMI, FL 33157 US MIAMI, FL 33257-1240 US						l							
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182006	;	Chg-P	c	R2E0	34 (11/05	)
City & State			City & State				4, FEI Num 59-15		 28			<del></del>	Applied For
Zip	Zip Country		Zip	Zip Country			59-1513528   Not A  5. Certificate of Status Desired   \$8.75 Addition Fee Required						ditional
6. Name and Address of Current Registered Agent					ļ		7. Name ar	ıd Ade	dress of Ne	w Regis	tered /	Agent	
PEDERSE	N GEOR	GE C			Name								
PEDERSEN, GEORGE C. 16201 SW 95 AVE, #303					Street Ad	dress (F	P.O. Box Num	ber is	Not Accept	able)		·	
MIAMI, FL 33157									-			•	
					City						FL	Zip Co	de
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  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, 2006 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.													
					ncing		00 May Be ed to Fees						
After Ma	ay 1, 200		O Trust Fund Contr DIRECTORS	ibution.		Adde	d to Fees	S/CH/	ANGES TO C	OFFICER	S AND		
After Ma	ay 1, 2004 TD	6 Fee will be \$550.0	O Trust Fund Conti	11.		Adde	ADDITIONS					☐ Change	Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/06 (305)233-4249
Date Daytime Phone # 4.1.5