


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 436182 1. Entity Name KEN-BERN, INC.					
Principal Place of Business 624 CRANDON BLVD. KEY BISCAVNE FL 33149-2008			Mailing Address 624 CRANDON BLVD. KEY BISCAVNE FL 33149-2008		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		4. FEI Number 59-1490052 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RUBIN (DAVID K.) 13740 S.W. 82 AVENUE MIAMI FL	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD RUBIN, DAVID K. 13740 S.W. 82ND AVE. MIAMI FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 11000000249724 03/03/05-80013-018 150.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBIN, MICHAEL 5975 SUNCREST DR. MIAMI FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RUBIN, RONALD 13550 SW 61 CT MIAMI FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David K. Rubin - VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 **365-361-2569**

Daytime Phone #