


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 502096	
1. Entity Name K & E TRADING AND SHIPPING, INC.	
	
Principal Place of Business 20174 WATERS EDGE DRIVE VILLA 905 BOCA RATON, FL 33434 US	Mailing Address 20174 WATERS EDGE DRIVE VILLA 905 BOCA RATON, FL 33434 US

FILED

06 SEP 18 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2863972	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 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
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELL, JOSEPH 220 MADISON AVE. NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVINS, MELISSA 417 E. 57TH ST. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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100080002661
09/20/06--01053--006 **150.00

**DO NOT WRITE
IN THIS SPACE**

jc 9/19

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:

Joseph Kell JOSEPH KELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06
Date

212-679-5866
Daytime Phone #

Helen Hawkes POA HELEN HAWKES