

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 695187

FILED  
Mar 15, 2008  
Secretary of State

Entity Name: KIM RILEY COMMERCIAL SERVICE, INC.

**Current Principal Place of Business:**

C/O KIM DAVID RILEY  
217 S.W. 9TH CT  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KIM DAVID RILEY  
217 S.W. 9TH CT  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-2120112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RILEY, KIM DAVID  
217 S.W. 9TH CT  
POMAPNO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RILEY, KIM DAVID,  
Address: 217 S W 9TH CT  
City-St-Zip: POMPANO BEACH, FL 00000,

Title: DV ( ) Delete  
Name: RILEY, JOSEPH K SR  
Address: 421 NW 51 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DS ( ) Delete  
Name: RILEY, RODEL  
Address: 217 SW 9TH CURT  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIM DAVID RILEY

DP

03/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date