

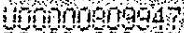
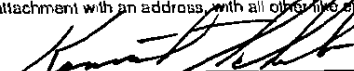


FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 696803 1. Entity Name KEN-RON, INC.				Feb 01, 2008 08:00 Secretary of State	
Principal Place of Business 541 MOKENA DRIVE C/O KENNETH SCHEBERA MIAMI SPRINGS, FL 33166		Mailing Address 541 MOKENA DRIVE C/O KENNETH SCHEBERA MIAMI SPRINGS, FL 33166			
DO NOT WRITE IN THIS SPACE					
				01302008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2119224		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHEBERA, KENNETH 541 MOKENA DRIVE MIAMI SPRINGS, FL 33166				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div> 02/08/09-90043-025 150.00</div> DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
P SCHEBERA, KENNETH 541 MOKENA DR MIAMI SPRINGS, FL 00000,					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
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 info empowered.					
SIGNATURE: 		1/30/08 305 221-3995			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			