

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # F02000000774 1. Entry Name KANSAS CITY PROPERTIES INC.	
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Principal Place of Business 8211 W. BROWARD BLVD., STE 340 PLANTATION, FL 33324	Mailing Address 8211 W. BROWARD BLVD., STE 340 PLANTATION, FL 33324
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 44-0582444	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOVITS, JOE S 8211 W. BROWARD BLVD., #340 PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

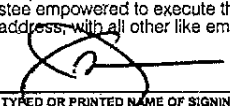
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHWARTZ, CYNTHIA 12540 NW 20 STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, WARREN 12540 NW 20 STREET PEMBROKE PINES, FL 33028
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03/09/06-80058-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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

2/23/06

954 4753199

Date

Daytime Phone #