2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000000774

1. Entity Name
KANSAS CITY PROPERTIES INC.

Principal Place of Business	Mailing Address
8211 W. BROWARD BLVD., STE 340 PLANTATION, FL 33324	8211 W. BROWARD BLVD., STE 340 PLANTATION, FL 33324

01082008 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000834073
02/28/08-80037-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCHWARTZ, CYNTHIA
STREET ADDRESS	12540 NW 20 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	VD
NAME	SCHWARTZ, WARREN
STREET ADDRESS	12540 NW 20 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
NAME	BERKOVITS, JOE S
STREET ADDRESS	8211 W. BROWARD BLVD., #340
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 — Date — Daytime Phone #