## FOR PROFIT CORPORATION 2003 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# F 17980

1. Entity Name



THE TARY OF STATE

KIMA	CORPORATION			O3 MAF	R21 PM	1 3: 24		
	DO NOT WRITE	IN THIS SE	ACE.					
2 Principal (	Place of Business	3. Mailing Address						
2629 DAVIE BOULEVARD		2629 DAVIE I	חס					
Suite, Apt.		Suite, Apt. #, etc.	DOODEVAN	D and		DO NOT WRITE	. IN THIS SPA	CE
City & State		City & State		4. FE	l Number		<del></del>	Applied For
	LAUDERDALE, FL	FORT LAUDERI			5.	9-20601		Not Applicable
Zip 3331	2-3029 U.S.A.	Zip 33312-3029	Country U.S.A.	<b>5.</b> Ce	rtificate of Sta	atus Desired		.75 Additional Required
	Z-JUZZ U.J.A.	133314-3043	U.S.M.	7. Nam	e and Addre	ss of Current R		<u>'</u>
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			City			<del></del>		Zip Code
		A STATE OF THE SECOND STAT	1000年11月	PLANTATI			r L	33317
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registered agent	i, or both, in t	he State of Florio	fa. I am famili	ar with, and accept
	•							
SIGNATURE .	Signature, typed or printed name of registered agent ar	and title if applicable (NOTE:	Conintered Arrest since	ture required when reinst	-tingl		DATE	
Ja	nuary 1 - May 1 Fee is \$150.00	nd title ii applicable. (NOTE,	Hegistered Agent Signal	ture required when rems	-		DATE	
	After May 1, Fee is \$550.00			ĺ		Campaign Finan		\$5.00 May Be
Make Check	Amended UBR is \$61.25 (Payable to Florida Department of the control of the contro	State			irust Hun	nd Contribution.	Ш	Added to Fees
10.	OFFICERS AND D	ali Sub-halibatina			even eer geboer ge	ran a range geran <mark>ga</mark>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: CANDIDA O. ADAY, Pres.X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03 (954)583-9433