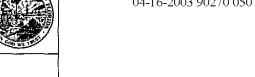
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) F48826 **DOCUMENT #** 1. Entity Name





KEN-KRAFT PHESS, INC.											
1970 NE 153F	ce of Business ND ST I BEACH FL 33162	Mailing Address PO BOX 610067 NORTH MIAMI FL 33261-0067				I Ja ni es ikk bien: ibier ibier kisk	h Milit Office Blut	il d iani riani a	 		
2. Principal F	Place of Business	3. Mail	ling Address			}				: 11	
						_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF	MAKING (CHANGES		
City & Star	e	City & State			4.	FEI Number - 59-2137548		_ —	oplied For ot Applicable		
Zip	cip Country		Zip Cour		intry 5.		Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Currer	nt Registere	ed Agent	<u></u>		7.	Name and Address of New Re			<u> </u>	
					Name						
ALMAN, N	Martin H. 19Th ave		Sin			at Address (P.O. Box Number is Not Acceptable)					
	IAMI BEACH FL 33162										
	EAN DESCRIPTION			ļ-,	City			FL	Zip Codi	ie	
	named entity submits this statement	for the purp	ose of changing its re	egistered	office or registe	red ag	jent, or both, in the State of Flori		l miliar with,	and accept	
the obligat	tions of registered agent.						•			j	
SIGNATURE	Signature, typed or printed name of registered age		No.	S - 144 14				DATE			
<u> </u>		nt and title if app	incapie. (NOTE:	Hegistered Ag	gent signature required	a when re	einstating)	- DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution	~ —		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTO	RS	11,		ΑĊ	J DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE	PD		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	NUDELMAN, KATHERINE 14530 NE FIFTH COURT		•	NAME STREET A	ADDRESS] :	
CITY-ST-ZIP	N MIAMI FL		~	CITY-ST-						\ <u>\</u>	
TITLE	VTD		☐ Delete	TITLE					Change	Addition	
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13 I boroby		th thin fills		<u> </u>	<u> </u>		440.07(0)(2) Fig. 1401-4 4 14				

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ENNETH J. NUDELMAN 4