## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 31, 2007 08:00 AM DOCUMENT # F57891 **Secretary of State** KENNETH DIDONATO, INC. Principal Place of Business Mailing Address 2212 HOLLYWOOD BLVD HOLLYWOOD FL 33020 2212 HOLLYWOOD BLVD HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2148167 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIDONATO, KENNETH 4305 VAN BUREN STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILE ☐ Change DIDONATO, KENNETH NAME NAME 000000613725 02/05/07-80049-023 150.00 4305 VAN BUREN STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 00000 CITY-SI-7IP CHY-SI-ZIP THIE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY-SI-ZIP HILE Delete IIIŒ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SL-ZIP Delete IIILE ☐ Change ☐ AddIlion NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP ☐ Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP HILF Delete IIIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- ZIP

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.

KENNETH DIDONATE

12. I heroby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: Kumith DIDINATE, PRESIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 (954) 923-2555

FILED