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Secretary of State

02-09-2005 90032 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F59257

1. Entity Name
MISTER KAOUK, INC.

Principal Place of Business	Mailing Address
C/O JEROME S. REISMAN 17260 N.W. 2ND COURT MIAMI, FL 33169	C/O JEROME S. REISMAN 17260 N.W. 2ND COURT MIAMI, FL 33169

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-2145005

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REISMAN,JEROME S. PA 2511 PONCE DE LEON BLVD #205 CORAL GABLES, FL 33134	Name JEROME S. REISMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 3006 AVIATION AVENUE, SUITE #4B City COCONUT GROVE FL Zip Code 33133

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KAOUK, GREG 5595 W. 12TH CT HIALEAH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KAOUK, GREG 9830 N.W. 10 STREET PEMBROKE PINES, FL 33024	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAOUK, RONALD G 5595 W 12TH COURT HIALEAH, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAOUK, RONALD G. 4320 S.W. 128 AVE. SOUTHWEST RANCHES, FL 33330	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: [signature] 3/4/05 (305) 651-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ronald G Kaouk, president