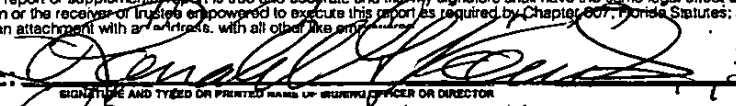


FILED
Mar 11, 2005 8:00 am
Secretary of State

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 C/O JEROME S. REISMAN 17260 N.W. 2ND COURT MIAMI, FL 33169		Mailing Address C/O JEROME S. REISMAN 17260 N.W. 2ND COURT MIAMI, FL 33169	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent REISMAN, JEROME S. PA 2511 PONCE DE LEON BLVD #205 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 resigning)			
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 entries.			
SIGNATURE:  Ronald G. Kaouk, president		Date 3/4/05 (305) Daytime Phone 651-7660	