## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: >

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # F61134  1. Entity Name KENNETH N. REKANT, P. A.								04-30-2007	90464 03	3 ***150	0.00
Principal Place of Business				lailing Address	· · · ,	<b>*</b> ***	-				
333 41ST ST				333 41ST ST	:	, ,					
#506				#506 Miami Beach, Fl. 33140 US							
MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 U						3					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04232007	Chg-P	CR2E03	34 (12/06)		
City & State				City & State		4. FEI Numb 59-217	_			plied For t Applicable	
Žip	Country			Zip		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
DEMANT CHOM						Name					
REKANT, SUSAN 5660 COLLINS AVE., #15E MIAMI BEACH, FL 33140						Street Address (P.O. Box Number is Not Acceptable)					
i iiiiAiiii De	WILAWII BEACH, FE 33,140										·
Aug.					City			FL	Zip Code	e	
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 if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							.00 May Be fed to Fees				
10.		OFFICERS AN	ID DIRE		·····	ADDITIONS	CHANGES TO OF	FICERS AND			
NAME	P									☐ Change	Addition
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STREET ADORESS C!TY-ST-ZIP						ET ADDRESS - ST-ZIP					
1	certify that the	e information supplied v	vith this	filing does not qualify for			d in Chapter 11	9, Florida Statutes	I further cert	ify that the ir	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my stonature 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 truston employeed to a specific his 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 the empowered.											