


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90126 018 ***150.00

DOCUMENT # G20268	
1. Entity Name K.G.R. CORP.	

Principal Place of Business 131 S FEDERAL HWY #7 BOCA RATON FL 33432 US	Mailing Address 131 S FEDERAL HWY #7 BOCA RATON FL 33432 US
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2. Principal Place of Business 28 S.E. 4th Street Suite, Apt. #, etc.	3. Mailing Address 28 S.E. 4th Street Suite, Apt. #, etc.
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City & State Boca Raton, FL 33432	City & State Boca Raton, FL 33432
Zip U.S.A.	Country U.S.A.



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2255713		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KAPLAN, PETER M. 20989 SOLANO WAY BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name Kaplan, Peter M Street Address (P.O. Box Number is Not Acceptable) 7031 Islegrove Place City Boca Raton FL Zip Code 33433

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPLAN, PETER M. 7031 ISLEGROVE PLACE BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Peter M. Kaplan, Pres. 4/25/05 561-362-4242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #