

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G22611

FILED
Jan 15, 2009
Secretary of State

Entity Name: KAPPA LABORATORIES, INC.

Current Principal Place of Business:

KAPPA LABORHTORIES DR
2577 N.W. 74TH AVE
MIAMI, FL 33122

New Principal Place of Business:

2577 N.W. 74TH AVE
MIAMI, FL 33122

Current Mailing Address:

KAPPA LABORHTORIES DR
2577 N.W. 74TH AVE
MIAMI, FL 33122

New Mailing Address:

2577 N.W. 74TH AVE
MIAMI, FL 33122

FEI Number: 59-2345227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KMIECK, PETER J DR
2577 N.W. 74TH AVE
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KMIECK, PETER J. (DR, .)
Address: 2679 TIGERTAIL AVE. #F
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: KMIECK, DENISE M.,
Address: 2679 TIGERTAIL AVE.,#F
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KMIECK, PETER J. (DR, .)
Address: 2679 TIGERTAIL AVE. #F
City-St-Zip: MIAMI, FL 33122

Title: VPD (X) Change () Addition
Name: KMIECK, DENISE M.,
Address: 2679 TIGERTAIL AVE.,#F
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. PETER J. KMIECK

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date