

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # G23516

1. Entity Name
BARRY KIVEL INC.



Principal Place of Business
**4001 N OCEAN BLVD
PH B4
BOCA RATON, FL 33431 US**

Mailing Address
**4001 N OCEAN BLVD
PH B4
BOCA RATON, FL 33431 US**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2253835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAGAN, ARNOLD H
4001 N OCEAN BLVD., PHB4
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

Barry Kivel **3/4/07** *N/A.*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

BKivel

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KIVEL, BARRY**
STREET ADDRESS **932 PRINCETON ST**
CITY-ST-ZIP **SANTA MONICA, CA 90403**

TITLE **S**
NAME **KIVEL, BARBARA**
STREET ADDRESS **932 PRINCETON ST**
CITY-ST-ZIP **SANTA MONICA, CA 90403**

TITLE **AS**
NAME **KAGAN, RICHARD M**
STREET ADDRESS **27 TWEED BLVD.**
CITY-ST-ZIP **UPPER GRANDVIEW, NY 10960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/19/07-80009-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

Barry Kivel Pres. **3/4/07** **5613687223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BARRY KIVEL