FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91322 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

G70852

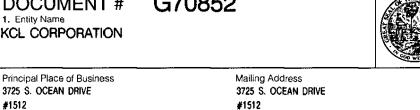
US

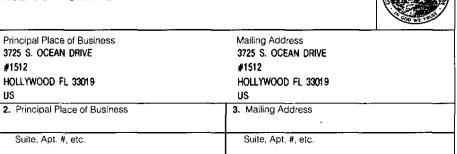
City & State

Zip

SIGNATURE

KCL CORPORATION





City & State

Zip

☐ CHECK HERE IF MAKING CHANGES

4.	FEI Number 59-2338	EO 0000E4E			Applied For	
		5 8 -23365 15	3 15	[Not Applicable	
_	Castificate of	Ctatus Desired		\$8.75	Additional	

DATE

ΖIÞ	Country	Ζίρ	Country	5. Certificate of Status Desired	☐ ቕ8./5 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
FERNANDEZ, ERIC 3725 S. OCEAN DRIVE #1512		Street Ado	Street Address (P.O. Box Number is Not Acceptable)						

Country

HOLLYWOOD FL 33019 Zip Code City 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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550.00	
Make Check Payable to Florida Department of State	

Signature, typed or printed name of registered agent and title if applicable

Country

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11. ADDITIONS		/CHANGES TO OFFICERS AND DIRECTOR		IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, ERIC 3725 S. OCEAN DRIVE, #1512 HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Parkhill, Katrina 3725 S. Ocean Drive, #1512 Hollywood Fl 33019	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
	S FERNANDEZ, CANDICE A 3725 S. OCEAN DRIVE, #1512 HOLLYWOOD FL 33019	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ LORENE 3725 S. OCEAN DRIVE, #1512 HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME LORENE SAME	FREED	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS 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)(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 embowered 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 withyan address, with all other interest.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #