

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 020 ***150.00

DOCUMENT # H04632	
1. Entity Name K.M.G. INCORPORATED	

Principal Place of Business 1632 E ATLANTIC BLVD STE P POMPANO BEACH FL 33060 US	Mailing Address 1632 E ATLANTIC BLVD STE P POMPANO BEACH FL 33060 US
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2. Principal Place of Business - No P.O. Box # 2460 SE 5TH ST Suite, Apt. #, etc.	3. Mailing Address 2460 SE 5TH Street Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State POMPANO BEACH	City & State POMPANO BEACH
Zip FL	Country BROWARD
Zip 33062	Country BROWARD

4. FEI Number 59-2424229	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGINN, KATHLEEN 1632 EAST ATLANTIC BLVD. POMPANO BEACH FL 33061	
7. Name and Address of New Registered Agent Name MCGINN, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 2460 SE 5TH STREET City POMPANO BEACH FL Zip Code 33062	

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 <i>Kathleen McGinn</i> Signature, typed or printed name of registered agent and the filer, applicable.	DATE 3/22/08 (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 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 MCGINN, KATHLEEN 2460 SE 5TH ST POMPANO BEACH FL 33062 <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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Kathleen McGinn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	KAY MCGINN DATE 3/22/08	954-946-1714 TELEPHONE NUMBER
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