


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90293 004 ***150.00

DOCUMENT # H19956				
1. Entity Name K.A.E., INC.				
Principal Place of Business 5385 PALM AVENUE #1 PO BOX 2546 (PALM VLGE STATION) HIALEAH FL 33012		Mailing Address P O BOX 22546 HIALEAH FL 33002-2546		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent KURZWEIL, ALAN 8641 SW 84TH TERRACE MIAMI FL 33143				7. Name and Address of New Registered Agent Name Kurzweil, Alan Street Address (P.O. Box Number is Not Acceptable) 9591 SW 124 Terrace City Miami FL Zip Code 33176	
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  Signature, typed or printed name of registered agent and title if applicable.				Alan Kurzweil 04-09-04 (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VP OROVITZ, ESTA K 14020 SW 104 PL MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Orovitz, Esta K. 14020 SW 104 Pl. Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUNZMAN, EDWIN, ESQ. 15 MOUNTAIN BLVD WARREN NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kunzman, Edwin, ESQ. 28 Glens West Boynton Beach, FL 33456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUNZMAN, JOYCE M. 15 MOUNTAIN BLVD WARREN NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kunzman, Joyce 28 Glens West Boynton Beach, FL 33456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURZWEIL, JODI LYNN 555 NE 34TH ST., #240B MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kurzweil, Jodi Lynn 2000 Island Blvd., #2603 Aventura, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURZWEIL, ALAN 8641 SW 84TH TERRACE MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kurzweil, Alan 9591 SW 124 Terrace Miami, FL 33176 <input checked="" 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	AS Lozano, Barbara 10471 NW 130 Street Hialeah Gardens, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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:



Alan Kurzweil

04-09-04

302-822-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #