

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2451258		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KURZWEIL, ALAN 9591 SW 124 TER MIAMI FL 33176		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VPD <input type="checkbox"/> Delete	NAME OROVITZ, ESTA K STREET ADDRESS 14020 SW 104 PL CITY-ST-ZIP MIAMI FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 1100000289394 04/06/05-800018-014 150.00 CITY-ST-ZIP
TITLE VPD <input type="checkbox"/> Delete	NAME KUNZMAN, EDWIN, ESQ. STREET ADDRESS 28 GLENS WEST CITY-ST-ZIP BOYNTON BEACH FL 33456	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD <input type="checkbox"/> Delete	NAME KUNZMAN, JOYCE M. STREET ADDRESS 28 GLENS WEST CITY-ST-ZIP BOYNTON BEACH FL 33456	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD <input type="checkbox"/> Delete	NAME KURZWEIL, JODI LYNN STREET ADDRESS 2000 ISLAND BLVD #2603 CITY-ST-ZIP AVENTURA FL 33160	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE PD <input type="checkbox"/> Delete	NAME KURZWEIL, ALAN STREET ADDRESS 9591 SW 124 TER CITY-ST-ZIP MIAMI FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE AS <input type="checkbox"/> Delete	NAME LOZANO, BARBARA STREET ADDRESS 10471 NW 130 ST CITY-ST-ZIP HIALEAH GARDENS FL 33018	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **03-31-05** **305-822-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #