

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19956

Entity Name: K.A.E., INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

5385 PALM AVENUE #1
PO BOX 2546 (PALM VLGE STATION)
HIALEAH, FL 33012

Current Mailing Address:

P O BOX 22546
HIALEAH, FL 330022546

New Principal Place of Business:

5385 PALM AVENUE
APT. 1
HIALEAH, FL 33012

New Mailing Address:

P O BOX 22546
HIALEAH, FL 330020546

FEI Number: 59-2451258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURZWEIL, ALAN
9591 SW 124 TER
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

KURZWEIL, ALAN
5385 PALM AVE.,
APT. 1
HIALEAH, FL 33012 US

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.

SIGNATURE: ALAN KURZWEIL

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: OROVITZ, ESTA K
Address: 14020 SW 104 PL
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: KUNZMAN, EDWIN, ESQ.,
Address: 28 GLENS WEST
City-St-Zip: BOYNTON BEACH, FL 33456

Title: TD () Delete
Name: KUNZMAN, JOYCE M.,
Address: 28 GLENS WEST
City-St-Zip: BOYNTON BEACH, FL 33456

Title: SD () Delete
Name: KURZWEIL, JODI LYNN
Address: 2000 ISLAND BLVD #2603
City-St-Zip: AVENTURA, FL 33160

Title: PD () Delete
Name: KURZWEIL, ALAN
Address: 9591 SW 124 TER
City-St-Zip: MIAMI, FL 33176

Title: AS () Delete
Name: LOZANO, BARBARA
Address: 10471 NW 130 ST
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN KURZWEIL

PD

01/11/2007

Electronic Signature of Signing Officer or Director

Date