2008 FOR PROFIT CORPORATION

Mar 28, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # H53757 KIMBERLY & COMPANY INCORPORATED Principal Place of Business ---Mailing Address 6466 NW 77 COURT 6466 NW 77 COURT MIAMI, FL 33166 MIAMI, FL 33166 03232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2536892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, JUDITH K CPA DO NOT WRITE 14011 SW 108 ST MIAMI, FL 33186 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS <u> U</u>QQQQ0872405 TITLE 04/10/08-80038-008 150.00 LAI, WILFRED STREET ADDRESS 11460 S.W. 80TH STREET CITY-ST-ZIP MIAMI, FL TITLE VD LAI, MADELINE 11460 S.W. 80TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL. TITLE NAME LAI, MADELINE 11460 S.W. 80TH STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED