BLDG sok ACCT 5450 FILED
POST DATE 3/1/07 Apr 09, 2007 08:00 A
Secretary of State
DUE DATE 3/30/07
150.00 CK# ______
APPROVED [signature]

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H70823

1. Entity Name
KILLIAN INVESTORS CORP.

Principal Place of Business	Mailing Address
7775 NW 48 ST 100 MIAMI, FL 33166	7775 NW 48 ST 100 MIAMI, FL 33166

01162007 No Chg CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2564356 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD
2875 N.E. 191ST STREET
SUITE 404
AVENTURA FL 33180

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KESSLER, HAROLD
STREET ADDRESS	7775 NW 48 ST., STE 100
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	KESSLER, LEE
STREET ADDRESS	7775 NW 48 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80063-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: H K Pres. 3/8/08 305-599-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #