DOCUMENT	# J28374
ALL PROJECTS AND	

1. Entity Name

KIM DOMANI INIVESTMENTS INC

K-144- DUCAAIA IMAESTIAIEIATS' HAC-						05-10-2001 90163 017 ***150.00					
Principal Plac	ce of Business	Mailing Address									
9 INLET CAY I OCEAN RIDGE		9 INLET CAY DR OCEAN RIDGE FL 33435									
	Place of Business SW Atlantic DT.	3. Mailing Address	DH1.	aritic (04						
Suite, Apt		Suite, Apt. #, etc.	1771	<u>u-1(-</u>			DO NOT WRITE	IN THIS SPA	CE		
City & Sta		City & State	「千		4.	FEI Number	65-0055277	-		pplied For ot Applicable	7
3346		2ip 33462	Count	,s	5.	Certificate of S	tatus Desired		.75 Ad Require	ditional .	7
	6. Name and Address of Current F	Registered Agent			7. (Name and Add	tress of New Reg	istered Age	nt]
	MAZAL AZENNIETLI IAI			Name S	عصر	, Ken	Nesh	بي. ريب			
"Brown, Kenneth W. 9 Inlet Cay Ocean Ridge Fl 33435		-		Street Add	ress (P.O. E		Not Acceptable)	~			1
				City	tar			FL	Zip Coo	963-	-
8. The above	named entity submits this statement for	the nurnose of changing its	registere	d office or re			the State of Floria		:::::::::::::::::::::::::::::::::::::::	100	┨
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SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	: Registered	Agent signature re	equired when re	einstating)		DATE			
Tax filing requirement and elects to do so. After		After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 ake Check Payable to Department of State			1	n Campaign Finar und Contribution.	icing		May Be	
11.	OFFICERS AND D	_[12,	-		DITIONS/CHA	NGES TO OFFIC	ERS AND DI	PECTOR	S INI 11	4
TITLE	PDS	☐ Delete	TITLE	1	270				Change	Addition	Í
NAME	BROWN, KENNETH W.		NAME		Brou	sn Ke	stional.	、んりょ			(10,00
STREET ADDRESS	9-INLET CAY		STREET	T ADDRESS 4	405	عثء	it (ovation	トカム			
CITY-ST-ZIP	OCEAN-RIDGE-FL-		CITY-S	ST - ZIP	ronat	ang,	EC 337	162			F034
TITLE		☐ Delete	TITLE						Change	☐ Addition	l S
NAME STREET ADDRESS			NAME								
CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP	•						ļ
TITLE		☐ Delete	TITLE						Change	☐ Addition	1
NAME		L bolote	NAME						Onungo	C. Madition	ļ
STREET ADDRESS.			Street	ADDRESS					~=·		}
CITY-ST-ZIP			CITY-S	ST-ZIP							
TITLE		. Delete	TITLE	1					Change	☐ Addition	}
NAME Street address :			NAME	ADDRESS							}
CITY-ST-ZIP			CITY-S								
TITLE		☐ Delete	TITLE						Change	Addition	1
NAME			NAME					_	•		
STREET ADDRESS				ADDRESS							}
CITY-ST-ZIP			CITY-S	11-ZIP							
TITLE NAME		☐ Delete	TITLE NAME						Change	☐ Addition	
STREET ADDRESS		5.		ADDRESS						i	
CITY-ST-ZIP			CITY-S								
13. Thereby o	ertify that the information supplied with th	ris filing does dot que la for t	ho over	ntion atotad i	in Continu 1	10.07(0)(). El-	vido Ctotutos I fo	41			ĺ

indicated on this report or supplied with this riling does not querty 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other key empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #