

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75286

Entity Name: KAURIS, INC.

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

2 BISCAYNE BLVD, STE 1900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 BISCAYNE BLVD, STE 1900  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-0003165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OBADIA, ARTURO,  
Address: 2 BISCAYNE BLVD, STE 1900  
City-St-Zip: MIAMI, FL 33131 US

Title: VST ( ) Delete  
Name: DE OBADIA, MYRIAM BL, ANCO  
Address: 2 BISCAYNE BLVD, STE 1900  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ARTURO OBADIA

PD

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date