



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90046 050 \*\*\*150.00

<b>DOCUMENT # K51410</b> 1. Entity Name <b>KVS CONSULTANTS CORPORATION</b>																													
Principal Place of Business <b>2601 N OCEAN BLVD</b> <b>DELAY BEACH, FL 33483</b> - US				Mailing Address <b>777 E. ATLANTIC AVE.</b> <b>DELAY BEACH, FL 33483</b> - US																									
2. Principal Place of Business <b>777 E. ATLANTIC AVE.</b> Suite, Apt. #, etc. <b>SUITE 303</b>		3. Mailing Address <b>777 E. ATLANTIC AVE.</b> Suite, Apt. #, etc. <b>SUITE 303</b>																											
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH, FL</b>		4. FEI Number <b>65-0087254</b>																									
Zip <b>33483</b> Country <b>U.S.</b>		Zip <b>33483</b> Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>KAVOORAS, JOHN P</b> <b>2601 N OCEAN BLVD</b> <b>A</b> <b>GULF STREAM, FL 33483</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>777 EAST ATLANTIC AVENUE</b> <b>SUITE 303</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>																									
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  <b>JOHN P. KAVOORAS</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PVD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KAVOORAS, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2601 N OCEAN BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> </table>			TITLE	PVD	<input type="checkbox"/> Delete	NAME	KAVOORAS, JOHN		STREET ADDRESS	2601 N OCEAN BLVD		CITY-ST-ZIP	DELRAY BEACH, FL 33483		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">John P. Kavooras</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>John P. Kavooras</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 E. Atlantic Ave., Suite 303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Delray Beach, FL 33483</td> <td></td> </tr> </table>			TITLE	John P. Kavooras	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	John P. Kavooras		STREET ADDRESS	777 E. Atlantic Ave., Suite 303		CITY-ST-ZIP	Delray Beach, FL 33483	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			<b>JOHN P. KAVOORAS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										
Date _____			Daytime Phone # <b>561 - 278-7862</b>																										