


WS  
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90176 001 \*\*\*\*50.00

**DOCUMENT # L02000018238**

1. Entity Name  
**KMT ENTERPRISES, LLC**




Principal Place of Business      Mailing Address

**1175 NE 125TH STREET**      **1175 NE 125TH ST**  
**SUITE 103**      **103**  
**NORTH MIAMI, FL 33161**      **NORTH MIAMI, FL 33161 US**

**DO NOT WRITE IN THIS SPACE**

4012



01162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>16-1695924</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~HASNER, MARK M ESQ  
 1 HERREL BAISDEN, PA  
 SUNTRUST INTL CRT, 1 SE 3RD AVE STE 2400  
 MIAMI, FL 33131~~

*Debra Sinkle Kolsky*  
**1175 NE 125th St, #143**  
**MIAMI, FL 33161**

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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 *Debra Sinkle Kolsky*      DATE **4/30/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGRM MILO, ALBERTO JR 1801 SW 3RD AVENUE MIAMI, FL 33129</del>	<i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGRM FATE, STANLEY O 1175 NE 125TH STREET, SUITE 103 NORTH MIAMI, FL 33161</del>	<i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLSKY, DEBRA SINKLE 1175 NE 125TH STREET, SUITE 103 NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ADD</i> UGRM Ray Parella 1175 NE 125th St, Ste 103 North Miami, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Debra Sinkle Kolsky*      DATE: **4/30/07**      DAYTIME PHONE: **305-981-0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE