FILED
Sep 03, 2004 8:00 am
Secretary of State

08-02-2004 90116 016 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028305

1. Entity Name
KIMPA, LLC

34010274

Principal Place of Business	Mailing Address
19260 N.E. 23RD AVENUE NORTH MIAMI BEACH, FL 33180	19260 N.E. 23RD AVENUE NORTH MIAMI BEACH, FL 33180

07292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
19260 NE 23rd Ave		19260 NE 23rd Ave	
Suite, Apt. #, etc. NMB Fl		Suite, Apt. #, etc. NMB Florida	
City & State Florida		City & State	
Zip 33180	Country	Zip Fl	Country 33180

4. FEI Number 45-0511000 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN DOYLE, CPA, P.A. 175 FONTAINEBLEAU BLVD., STE. 1-B MIAMI, FL 33172 (305) 221-8774 ph.	Name – SAME – Street Address (P.O. Box Number is Not Acceptable) – SAME – City – SAME – FL Zip Code

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOREITER, PABLO A 19260 N.E. 23RD AVENUE NORTH MIAMI BEACH, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOREITER, ELIZABETH N 19260 N.E. 23RD AVENUE NORTH MIAMI BEACH, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #