


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90010 050 \*\*\*150.00

**DOCUMENT # L23585**  
 1. Entity Name  
**KIFLA INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**1180 CELEBRATION BOULEVARD, SUITE 105**      **1180 CELEBRATION BOULEVARD, SUITE 105**  
**CELEBRATION, FL 34747 US**      **CELEBRATION, FL 34747 US**

**54036824**

2. Principal Place of Business      3. Mailing Address  
**950 CELEBRATION BLVD.**      **950 CELEBRATION BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE A**      **SUITE A**  
 City & State      City & State  
**CELEBRATION, FL**      **CELEBRATION, FL**  
 Zip      Country      Zip      Country  
**34747**      **USA**      **34747**      **USA**



02192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0168375**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**DYMOND, WILLIAM T JR**  
**215 N EOLA DR**  
**ORLANDO, FL 32801**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHARUJ, JOSE 1180 CELEBRATION BLVD CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHARUJ, JOSE 1503 ATLANTIS WAY KISSIMMEE, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SUCAR, ANTONIO 1180 CELEBRATION BLVD CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SUCAR, ANTONIO 1503 ATLANTIS WAY KISSIMMEE, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT JODZINSKY, ROBERTO C 1180 CELEBRATION BLVD CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT JODZINSKY, ROBERTO C. 1503 ATLANTIS WAY KISSIMMEE, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_      Date **3/15/04**      Daytime Phone # **407-997-7200**