FILED

## 2003 FOR PROFIT CORPORATION

Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT# M25744 04-23-2003 90072 035 \*\*\*150.00 1. Entity Name K.F.W., INC. Principal Place of Business Mailing Address 255 HIBISCUS AVE 2492 MONTADEY PINES DR 11007613 LANDERDALE DY THE SEA FL 8398. 2492 MONTADRY PINES DAWE BEND OR 97701 BOND, OR 97701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number OR Bencl 59-2630561 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAMAN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6719 NW 58TH ST TAMARAC FL 33321 City Zio 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition NAME WASKOM, KENNETH NAME 2492 MOUTERAY PINES RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BEND OR 97701** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WASKOM, DONNA NAME NAME STREET ADDRESS 2492 MONTERAY PLACE DRIVE STREET ADDRESS CITY-ST-ZIP **BEND OR 97701** CITY-ST-7P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

Date

Daytime Phone #