


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90004 007 ***150.00

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| DOCUMENT # M90631 |  |
| 1. Entity Name KENMORE EXECUTIVES, INC. | |

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| Principal Place of Business 2821 SPANISH RIVER RD. BOCA RATON FL 33432 US | Mailing Address 2821 SPANISH RIVER RD. BOCA RATON FL 33432 US |
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| 2. Principal Place of Business 1967 SW 7th Ct. | 3. Mailing Address 1967 SW 7th Ct. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



MOORE CR2E034 (11/03)

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|--------------------------------------|--------------------------------------|---|--|
| City & State Boca Raton FL | City & State Boca Raton FL | 4. FEI Number 65-0061908 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33486 | Country Palm Beach | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LOPRETE, MARILYN 2821 SPANISH RIVER ROAD BOCA RATON FL 33432 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1967 SW 7th Ct. City Boca Raton FL Zip Code 33486 |
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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 MARILYN LOPRETE Marilyn Loprete 2/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete LO PRETE, MARILYN 2821 SPANISH RIVER RD BOCA RATON FL 33432 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1967 SW 7th Ct Boca Raton FL 33486 |
| 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 |
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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: Marilyn Loprete MARILYN LOPRETE 2/23/04 561-392-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #