## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 08, 2006 08:00 AM DOCUMENT # M90631 **Secretary of State** KENMORE EXECUTIVES. INC. Principal Place of Business Mailing Address 1967 SW 7TH CT. BOCA RATON FL 33486 1967 SW 7TH CT. BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0061908 Nat Applicat Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPRETE, MARILYN 1967 SW 7TH CT. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstelling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete RULE Change NAME LO PRETE, MARILYN MANA STREET ADDRESS 1967 SW 7TH CT. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CUTY-ST-ZIP ☐ Delete ☐ ådabt--TITLE TITLE Change U00000459817 NAME NAME 03/18/06-80048-016 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-ZEP met ☐ Detcte Change Addition 🔲 NAME MAGG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-20 TITLE Delete ☐ Change ☐ Addition NAME HAME STREET ADDRESS SERECT ADDRESS CITY-SI-ZIP COTY-ST-ZIP 77718 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Detete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP 12. I hereby certily that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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.

FILED

V61-392-0700