

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N01000004980

Entity Name: KINAD, INC.

Current Principal Place of Business:

2100 NW 192 TERR
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2100 NW 192 TERR
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-1118994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONALDSON, SHEKINA D
2100 NW 192 TERR
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONALDSON, SHEKINA D
Address: 2100 NW 192 TERR
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: DONALDSON, BASWELL E
Address: 2100 NW 192 TERR
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: DONALDSON, BASWELL J
Address: 2100 NW 192 TERR
City-St-Zip: MIAMI, FL 33056

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: B () Change (X) Addition
Name: THOMPSON, SANDRA DR.
Address: 18110 NW 16 AVE
City-St-Zip: MIAMI, FL 33169

Title: B () Change (X) Addition
Name: EVERETT, SONYETTA
Address: 18110 NW 16 AVE
City-St-Zip: MIAMI, FL 33169

Title: B () Change (X) Addition
Name: HARRISON, ANTHONY H
Address: 311 SW 29 TERR
City-St-Zip: FT.. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEKINA D. DONALDSON

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date