

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP -5 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name Change on 9/5/06



DOCUMENT # N03000000331	
1. Entity Name <del>KAIROS RESOURCE DEVELOPMENT &amp; MANAGEMENT SOLUTIONS CORPORATION</del> KAIROS MANAGEMENT CONSULTANTS, LLC	
Principal Place of Business 8430 EAST DIXIE HIGHWAY MIAMI, FL 33138	Mailing Address 8430 EAST DIXIE HIGHWAY MIAMI, FL 33138

2. Principal Place of Business 8103 South Palm Dr. Suite, Apt. #, etc. #1-503 City & State Pembroke Pines, FL Zip 33025 Country US	3. Mailing Address 8103 South Palm Dr. Suite, Apt. #, etc. #1-503 City & State Pembroke Pines, FL Zip 33025 Country US
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08242006 Chg-NP CR2E037 (4/06)

4. FEI Number  
20-1836681  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent GRANT, FITZ-ALBERT 5100 SW 41ST IE HIGHWAY PEMBROKE PARK, FL 33023	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ 900079459279  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 09/05/06 01027 015 \*\*\*113.75

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS-HUTCHINSON, WAYNE 8430 EAST DIXIE HWY MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, FITZ-ALBERT 5100 SW 41ST STREET PEMBROKE PARK, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKINNEY, ALBERTA 14815 NW 11 CT MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, ZERONIE N 8430 EAST DIXIE HIGHWAY MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, REGINA 901 NW 141 STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CLAUDIA Y PHD 45 TUDOR CITY PLACE #217 NEW YORK, NY 10019 <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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zeronie N. Grant 8/30/06 (786) 202-8364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #