

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 18, 2009  
Secretary of State

DOCUMENT# N06000009399

Entity Name: F.K.C.S., INC.

## Current Principal Place of Business:

3970 NW 132ND STREET  
BAY A  
MIAMI, FL 33054

## New Principal Place of Business:

10070 WINCHESTER WOOD  
NAPLES, FL 34109

## Current Mailing Address:

8909 BEACON STREET  
FT MYERS, FL 33907

## New Mailing Address:

10070 WINCHESTER WOOD  
NAPLES, FL 34109

FEI Number: 20-5501397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMSAROOOP, RUDY  
3970 NW 132ND STREET  
BAY A  
MIAMI, FL 33054 US

## Name and Address of New Registered Agent:

ARELLANO, JORGE  
4121 NW 44TH AVE  
OCALA, FL 34486 US

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: JORGE ARELLANO

04/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAMSAROOOP, RUDY  
Address: 3970 NW 132ND STREET, BAY A  
City-St-Zip: MIAMI, FL 33054

Title: S ( ) Delete  
Name: DEVINE, CHARLENE  
Address: 8909 BEACON STREET  
City-St-Zip: FT. MYERS, FL 33907

Title: T ( ) Delete  
Name: BRYAN, DUANE  
Address: 10070 WINCHESTER WOOD  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: DEVINE, JOHN  
Address: 8909 BEACON ST  
City-St-Zip: FT MYERS, FL 33907

Title: D ( ) Delete  
Name: KOVI, TODD  
Address: 13950 66 ST. N.  
City-St-Zip: WEST PALM, FL 33412

Title: D ( ) Delete  
Name: EVANS, VICTOR  
Address: 10360 SW 112 ST  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARELLANO, JORGE  
Address: 4121 NW 44TH AVE  
City-St-Zip: OCALA, FL 34486

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

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

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: C DUANE BRYAN

T

04/18/2009

Electronic Signature of Signing Officer or Director

Date