

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 033 ****61.25

DOCUMENT # N40484 1. Entity Name KAI SAI ALLIANCE, INC.																																																																																																																																			
Principal Place of Business PO BOX 2345 HOLLYWOOD, FL 33022-2345				Mailing Address PO BOX 2345 HOLLYWOOD, FL 33022-2345																																																																																																																															
2. Principal Place of Business CB11		3. Mailing Address CB11																																																																																																																																	
Suite, Apt. #, etc. P.O. Box 666957		Suite, Apt. #, etc. P.O. Box 666957		03162004 Chg-NP CR2E037 (10/03)																																																																																																																															
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 65-0224457																																																																																																																															
Zip 33066		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent POMERANZ, FRANKLIN G. 415 SE 11TH TERRACE SUITE 305 DANIA, FL 33004				7. Name and Address of New Registered Agent Name JAMES CRAVENS Street Address (P.O. Box Number is Not Acceptable) 2334 S. Cypress Bend Dr #909 City Pompano Beach FL Zip Code 33069																																																																																																																															
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 <u>JAMES C. CRAVENS</u> <u>James C. Cravens</u> <u>4/22/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE																																																																																																																																			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																															
Make check payable to Florida Department of State																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DPT POMERANZ, FRANKLIN G.</td> <td style="width: 30%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">POMERANZ, FRANKLIN G.</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">415 SE 11TH TERRACE #305</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">DANIA, FL</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">DC</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CRAVENS, JAMES C.</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2334 S. 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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 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: <u>JAMES C. CRAVENS</u> <u>James C. Cravens</u> <u>4-22-04</u> <u>954-917-3331</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			