

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000037342

1. Entity Name  
KMR LIMITED, INC.



Principal Place of Business  
243 NW 44 ST  
FORT LAUDERDALE, FL 33309

Mailing Address  
243 NW 44 ST  
FORT LAUDERDALE, FL 33309



02022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1001684

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000629328  
02/16/07-80053-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MINNET, KATHLEEN M  
STREET ADDRESS 243 NW 44 ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE VD  
NAME MINNET, MARY M  
STREET ADDRESS 243 NW 44 ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE STD  
NAME MINNET, ROSEANN  
STREET ADDRESS 243 NW 44 ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

954-242-4390

Daytime Phone #