

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037342

Entity Name: KMR LIMITED, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

1919 N E 45 STREET
SUITE 220
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

4760 NE 12TH AVENUE
FORT LAUDERDALE, FL 33334

Current Mailing Address:

1919 N E 45 STREET
SUITE 220
FORT LAUDERDALE, FL 33308

New Mailing Address:

4760 NE 12TH AVENUE
FORT LAUDERDALE, FL 33334

FEI Number: 65-1001684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MINNET, KATHLEEN M
Address: 1919 N E 45 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD (X) Delete
Name: MINNET, MARY M
Address: 1919 N E 45 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: STD (X) Delete
Name: MINNET, ROSEANN
Address: 1919 N E 45 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MINNET, ROSEANN A
Address: 4760 NE 12TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEANN A. MINNET

PSTD

04/06/2009

Electronic Signature of Signing Officer or Director

Date