

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000044640

1. Entity Name  
KATHY SHAPIRO'S KS ENTERPRISES INC.



Principal Place of Business  
6508 CORAL LAKE DR  
MARGATE, FL 33063

Mailing Address  
6508 CORAL LAKE DR  
MARGATE, FL 33063



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1011983

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHAPIRO, MARTIN  
3107 NW 43RD ST  
FT LAUDERDALE, FL 33309

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SHAPIRO, KATHLEEN  
STREET ADDRESS 6508 CORAL LAKE DRIVE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE V  
NAME SHAPIRO, MARTIN  
STREET ADDRESS 6508 CORAL LAKE DR  
CITY-ST-ZIP MARGATE, FL 33063

TITLE ST  
NAME SHAPIRO, FREDRICK  
STREET ADDRESS 6508 CORAL LAKE DR  
CITY-ST-ZIP MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/17/06-80123-007 150.00

**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: Kathy Shapiro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 954/298-8999  
Clerk Daytime Phone #