


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000063561		
1. Entity Name KIVAR, INC.		

Principal Place of Business 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437	Mailing Address 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437 US
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DO NOT WRITE IN THIS SPACE

07072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1029027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARJUNE, VADEWATIE
9719 PORTA LEONA LANE
BOYNTON BEACH, FL 33437

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARJUNE, VADEWATIE 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARJUNE, BRIDGELALL 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437
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07/20/05-80009-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arjune VadeWatie 07.17.05 561-735-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #