

FILED
Jan 26, 2006 8:00 am
Secretary of State

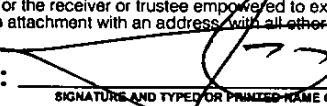
DOCUMENT # P00000067142 1. KENT MANAGEMENT SYSTEMS, INC.				01-26-2006 90043 011 ***150.00	
3233 PALM AVE 3RD FLOOR HIALEAH, FL 33012		3233 PALM AVE 3RD FLOOR HIALEAH, FL 33012			
2. Principal Place of Business		3. Mailing Address		01132006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1021385	
City & State		City & State		5. ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARCIA, JOSE M 2260 SW 8TH STREET MIAMI, FL 33105				FL	
8. ☐ FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. ☐ \$5.00 May Be Added to Fees	
10. ☐ Delete		11. ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, CARLOS M 3233 PALM AVE, 4TH FLOOR HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JOSE M. 3233 PALM AVE HIALEAH, FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JOSE M. 3233 PALM AVE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. SIGNATURE:  1-17-06 (305) 445-0590					

ATTACHMENT

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000067142 1. Entity Name KENT MANAGEMENT SYSTEMS, INC.			
Principal Place of Business 3233 PALM AVE 3RD FLOOR <i>4th Floor</i> HIALEAH, FL 33012		Mailing Address 3233 PALM AVE 3RD FLOOR <i>4th Floor</i> HIALEAH, FL 33012	
DO NOT WRITE IN THIS SPACE		01062006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-1021385 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, JOSE M 2260 SW 8TH STREET <i>3233 PALM AVE</i> MIAMI, FL 33195 <i>HIALEAH FL 33012</i>		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		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	GARCIA, CARLOS M		
STREET ADDRESS	3233 PALM AVE, 4TH FLOOR		
CITY - ST - ZIP	HIALEAH, FL 33012		
TITLE	S		
NAME	GARCIA, JOSE M JR <i>SR.</i>		
STREET ADDRESS	3233 PALM AVE		
CITY - ST - ZIP	HIALEAH, FL 33012		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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: 
1-12-06 (30r) 642-0r90

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