

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-24-2003 91013 034 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067142

1. Entity Name

KENT MANAGEMENT SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3233 PALM AVE

Suite, Apt. #, etc.

3rd FLOOR

City & State

HIALEAH, FLORIDA

Zip

33012

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1021385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name JOSE M GARCIA

Street Address (P.O. Box Number is Not Acceptable)

2260 SW 8th STREET

City MIAMI

FL

33095

**DO NOT WRITE
IN THIS SPACE**

8. This 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 re-registering)

DATE

January 1st Fee is \$150.00

April 1st Fee is \$150.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	LUIS CRUZ 3233 PALM AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSE M. GARCIA 3233 PALM AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 (30r) 642-0590

Daytime Phone

CR020348 (12/02)

Attachment

KENT MANAGEMENT SYSTEMS, INC.
2260 SW 10TH STREET
MIAMI FLORIDA 33135

Miami, August 25, 2003

To: Florida Department of State
Division of Corporation
P.O.Box 1500
Tallahassee, Florida 32302

55055595
#P00000067142

From: Kent Management, Inc.
2260 S.W 8th Street 3rd Floor
Miami, Florida 33135

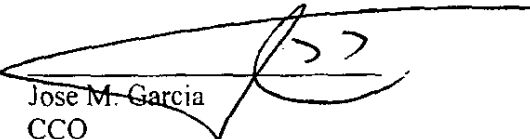
Ref: Corporation Annual Report
P00000067142

Dear Sir or Madam:

As per your request we fixed the error you find in our annual report previously filed, please waive the late fee of \$ 400.00 do to this clerical error. Enclosed to this letter is a copy of the check we previously sent we the original document.

Please correct your records accordingly.

We are very sorry to cause you this inconvenience and we are grateful for your understanding.


Jose M. Garcia
CCO