2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90089 028 ***150.00

DOCUMENT # P00000086044

1. Entity Name
KAFKA & PARTNERS INC.

Principal Place of Business	Mailing Address
~~3429 NE 12 TERRACE~~ ~~FORT LAUDERDALE, FL 33334~~ 607 Polynesian Ct. Kissimmee, FL 34758	~~3429 NE 12 TERRACE~~ ~~FORT LAUDERDALE, FL 33334~~

DO NOT WRITE IN THIS SPACE

000021023

02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3668352
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARFARZ, LINDA
~~3429 NE 12TH TERRACE~~
~~FORT LAUDERDALE, FL 33334~~
607 Polynesian Ct
Kissimmee, FL 34758

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	SPARAVALO, VOJISLAV
STREET ADDRESS	~~3429 NE 12TH TERR.~~ 607 Polynesian Ct
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33334~~ Kissimmee FL 34758
TITLE	D
NAME	SPARAVALO, DEJAN
STREET ADDRESS	~~3429 NE 12TH TERRACE~~ 607 Polynesian Ct
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33334~~ Kissimmee, FL 34758
TITLE	SD
NAME	SHARFARZ, LINDA
STREET ADDRESS	~~1523 N.E. 39TH STREET~~ 607 Polynesian Ct
CITY-ST-ZIP	~~OAKLAND PARK, FL 33334~~ Kissimmee FL 34758
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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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/25/05 407-870-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9200