

# 607 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000101791



1. Entity Name  
KMB WALLPAPERING, INC.

Principal Place of Business  
2313 SW 82ND WAY  
NORTH LAUDERDALE, FL 33068

Mailing Address  
2313 SW 82ND WAY  
NORTH LAUDERDALE, FL 33068



03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1050579

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BRODY, KEVIN  
2313 SW 82ND WAY  
NORTH LAUDERDALE, FL 33068

**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, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME BRODY, KEVIN  
STREET ADDRESS 2313 SW 82ND WAY  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE D  
NAME BRODY, CHANTELE  
STREET ADDRESS 2313 SW 82ND WAY  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/17/07-80062-015-150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHANTELLE BRODY 4-4-07 954-724-4997