

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90163 031 ***150.00

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1. Entity Name

KMANN UNLIMITED, INC.



Principal Place of Business

2494 S OCEAN BLVD, SPT A3
BOCA RATON, FL 33432

Mailing Address

2494 S OCEAN BLVD, SPT A3
BOCA RATON, FL 33432

2. Principal Place of Business

50 Murray Street

3. Mailing Address

50 Murray Street

Suite, Apt. #, etc.

415

Suite, Apt. #, etc.

415

City & State

New York NY 10013

City & State

New York NY 10013

Zip

Country

Zip

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1057088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

DATE

4/23/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 KMANN, KARLIIN
STREET ADDRESS 2494 S OCEAN BLVD, APT A3
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE O
NAME SMOLEV, IRA MR.
STREET ADDRESS 2494 S. OCEAN BLVD. APT A3
CITY-ST-ZIP BOCA RATON, FL 33432

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME KARLIIN Mann
STREET ADDRESS 50 Murray Street #415
CITY-ST-ZIP New York NY 10013

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04