

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 014 ***150.00

DOCUMENT # P00000113120 1. Entity Name KX CORPORATION			
Principal Place of Business 7813 NW 64 STREET MIAMI, FL 33166		Mailing Address 7813 NW 64 STREET MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 7801 NW 64 ST		3. Mailing Address 7801 NW 64 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166		Zip 33166	
Country 		Country 	
4. FEI Number 65-1060466		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRELLE, KURT E 7813 NW 64 STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7813 N.W. 64 STREET. City MIAMI FL Zip Code 33166	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS	NAME PRELLE, KURT E	<input type="checkbox"/> Delete	TITLE DPS
STREET ADDRESS 7813 NW 64 STREET	CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PRELLE, KURT E.
CITY-ST-ZIP MIAMI, FL 33166		STREET ADDRESS 7801 NW. 64 STREET	CITY-ST-ZIP MIAMI FL 33166
TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/22/07 Daytime Phone # _____	

40041951



03222007 Chg-P CR2E034 (12/06)