

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000004835

1. Entity Name
KEN SOLOMON INTERIORS, INC.



**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90405 048 ***150.00

40087300



04132008 Chg-P CR2E034 (12/06)

| | | | |
|---|----------------|--|----------------|
| Principal Place of Business 347 N NEW RIVER DRIVE EAST STE 1202 FORT LAUDERDALE, FL 33301-3138 US | | Mailing Address 347 N NEW RIVER DRIVE EAST STE 1202 FORT LAUDERDALE, FL 33301-3138 US | |
| 2. Principal Place of Business - No P.O. Box # 151 Northeast 16th Av. Suite, Apt. #, etc. Apt. # 265 | | 3. Mailing Address 151 Northeast 16th Av. Suite, Apt. #, etc. Apt. # 265 | |
| City & State Fort Lauderdale, FL | | City & State Fort Lauderdale, FL | |
| Zip 33301 | Country USA | Zip 33301 | Country USA |

4. FEI Number
65-1067524

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent SOLOMON, KENNETH J 347 N NEW RIVER DRIVE EAST STE 1202 FORT LAUDERDALE, FL 33301-3138 | | 7. Name and Address of New Registered Agent Name Solomon, Kenneth J. Street Address (P.O. Box Number is Not Acceptable) 151 Northeast 16th Avenue Apt. # 265 City Fort Lauderdale | |
| | | FL Zip Code 33301 | |

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, 2008 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 PST NAME SOLOMON, KENNETH J STREET ADDRESS 347 N NEW RIVER DRIVE EAST, STE 1202 CITY-ST-ZIP FORT LAUDERDALE, FL 333019313 | | TITLE NAME STREET ADDRESS 151 Northeast 16th Avenue # 265 CITY-ST-ZIP Fort Lauderdale, FL 33301 | |
| | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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

4-24-08 954-764-7436
Date Daytime Phone #