


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90405 048 \*\*\*150.00

<b>DOCUMENT # P01000004835</b> 1. Entity Name <b>KEN SOLOMON INTERIORS, INC.</b>					
Principal Place of Business <b>347 N NEW RIVER DRIVE EAST STE 1202 FORT LAUDERDALE, FL 33301-3138 US</b>			Mailing Address <b>347 N NEW RIVER DRIVE EAST STE 1202 FORT LAUDERDALE, FL 33301-3138 US</b>		
2. Principal Place of Business - No P.O. Box # <b>151 Northeast 16th Av.</b>		3. Mailing Address <b>151 Northeast 16th Av.</b>			
Suite, Apt. #, etc. <b>Apt. # 265</b>		Suite, Apt. #, etc. <b>Apt. # 265</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-1067524</b>	
Zip <b>33301</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOLOMON, KENNETH J 347 N NEW RIVER DRIVE EAST STE 1202 FORT LAUDERDALE, FL 33301-3138</b>		7. Name and Address of New Registered Agent Name <b>Solomon, Kenneth J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>151 Northeast 16th Avenue</b> Apt. # 265 City <b>Fort Lauderdale FL</b> Zip Code <b>33301</b>			
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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PST SOLOMON, KENNETH J 347 N NEW RIVER DRIVE EAST, STE 1202 FORT LAUDERDALE, FL 333019313</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>151 Northeast 16th Avenue # 265 Fort Lauderdale, FL 33301</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-24-08</b> <b>954-764-7436</b> <small>Date Daytime Phone #</small>		