## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000004848

Entity Name: THE HOLE KIT & CABOODLE, INC.

FILED Feb 05, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

15613 FISHER ISLAND DR 1660 S. BAYSHORE CT. FISHER ISLAND, FL 33109 #101

MIAMI, FL 33133 U

Current Mailing Address: New Mailing Address:

15613 FISHER ISLAND DR MERMELSTEIN, 3211 PONCE DE LEON

FISHER ISLAND, FL 33109 SUITE 305

CORAL GABLES, FL 33133 US

FEI Number: 65-1069759 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERMELSTEIN, MICHAEL 3211 PONCE DE LEON BLVD SUITE 305 CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 O GRADY, DANIEL W
 Name:
 O GRADY, DANIEL W

 Address:
 15613 FISHER ISLAND DR
 Address:
 1660 S. BAYSHORE CT. #101

City-St-Zip: MIAMI, FL 33109 City-St-Zip: MIAMI, FL 33133 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRANSTEHER, VIC
 Name:

 Address:
 101 OCEAN AVE UNIT 702D
 Address:

 City-St-Zip:
 SANTA MONICA, CA 90402
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: O GRADY, MONEHE K Name: O GRADY, MONETTE K
Address: 15613 FISHER ISLAND DR Address: 1660 S. BAYSHORE CT. #101

City-St-Zip: MIAMI, FL 33109 City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL W. O'GRADY PST 02/05/2005