

Apr 19 04 03:23p

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90095 012 ***150.00

DOCUMENT # P01000017249

1. Entity Name
K & K AMPLIFIED ASSETS, INC.



Principal Place of Business
**3100 NORTH OCEAN BLVD. # 2209
FT LAUDERDALE, FL 33308-7116**

Mailing Address
**3100 NORTH OCEAN BLVD. # 2209
FT LAUDERDALE, FL 33308-7116**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1091595

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUDOLF & HOFFMAN, P.A.
615 NORTHEAST THIRD AVENUE
FT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable. (NOTE: Registered Agent signature required when appointing) DATE _____

**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 Fee**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PATEL, KIRIT N
STREET ADDRESS	3100 NORTH OCEAN BLVD # 2209
CITY-ST-ZIP	FT LAUDERDALE, FL 333087116

TITLE	VPSD
NAME	PATEL, KALPANA K
STREET ADDRESS	3100 NORTH OCEAN BLVD # 2209
CITY-ST-ZIP	FT LAUDERDALE, FL 333087116

TITLE	D
NAME	PATEL, MITESH K
STREET ADDRESS	1740 S WESTGATE AVE APT C
CITY-ST-ZIP	LOS ANGELES, CA 90025

TITLE	D
NAME	PATEL, AVANI K
STREET ADDRESS	1255 NEW HAMPSHIRE AVE AVE #411
CITY-ST-ZIP	WASHINGTON, DC 20036

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kk Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 (954) 375-1950

Date Daytime Phone #