## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P01000017249 04-27-2005 90304 024 \*\*\*150.00 1. Entity Name K & K AMPLIFIED ASSETS, INC. Principal Place of Business Mailing Address 3100 NORTH OCEAN BLVD. 3100 NORTH OCEAN BLVD. #2209 #2209 FT LAUDERDALE, FL 33308-7116 FT LAUDERDALE, FL 33308-7116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 65-1091595 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDOLF & HOFFMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 615 NORTHEAST THIRD AVENUE FT.LAUDERDALE, FL 33308 City Zip Code C FI 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TELLE ☐ Detete TITE Change ☐ Addition PATEL, KIRIT N NAME NAME STREET ADDRESS 3100 NORTH OCEAN BLVD #2209 STREET ADDRESS FT LAUDERDALE, FL 333087116 CITY-ST-7IP CITY-ST-ZIP VPSD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PATEL, KALPANA K NAME STREET ADDRESS 3100 NORTH OCEAN BLVD #2209 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 333087116 CITY-ST-ZIP Change ☐ Addition ☐ Delete TALE TITLE NAME PATEL, MITESH K NAME 1549 LOMBARD ST. APT #3 1740 S WESTGATE AVE APT C STREET ADDRESS STREET ADDRESS SAN FRANCISCO, CA. 94123 LOS ANGELES, CA 90025 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE n PATEL, AVANI K NAME NAME 201 E. 36th ST. APR. # 30 1255 NEW HAMPSHIRE AVE AVE #411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20036 CITY-ST-ZIP NEW YORK Delete TITLE ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7fP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CER OR DIRECTOR

FILED

4/25/05

Daytime Phone #