


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000017249 1. Entity Name K & K AMPLIFIED ASSETS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1091595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUDOLF & HOFFMAN, P.A. 615 NORTHEAST THIRD AVENUE FT LAUDERDALE, FL 33308

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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	000000903916 04/30/08-80065-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATEL, KIRIT N 3100 NORTH OCEAN BLVD #2209 FT LAUDERDALE, FL 333087116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PATEL, KALPANA K 3100 NORTH OCEAN BLVD #2209 FT LAUDERDALE, FL 333087116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MITESH K 902A LARKE ELLEN CIRCLE LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMBOISE, AVANI 1916 STOTHER AVE. LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *K. Patel* **4/15/08 (95A) 375-1952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #