

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 043 ***158.75

DOCUMENT # P01000043596 1. Entity Name KAMBA, INC.					
Principal Place of Business 2742 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 2742 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business 1320 South Dixie Highway		3. Mailing Address 1320 South Dixie Highway			
Suite, Apt. #, etc. Ste 1061		Suite, Apt. #, etc. Ste 1061			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 65-1112131	
Zip 33146		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATZ, ISAAL PA 2742 BISCAYNE BLVD MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Jorge L Aldecoa Street Address (P.O. Box Number is Not Acceptable) 1320 South Dixie Highway Ste 1061 City Coral Gables FL Zip Code 33146		
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  Jorge L Aldecoa 4-3-06 <small>Signature typed or printed name of registered agent not applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MATZ, ISAAC CPA 2742 BISCAYNE BLVD. MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Jorge L Aldecoa 1320 South Dixie Highway Ste 1061 Coral Gables FL 33146
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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		<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.					
SIGNATURE:  Jorge L Aldecoa 4-3-06 305-665-5303 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					