

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90204 041 ***150.00

DOCUMENT # P01000043596

1. Entity Name
KAMBA, INC.



Principal Place of Business
1320 DIXIE HWY STE 1061
MIAMI, FL 33146

Mailing Address
1320 DIXIE HWY STE 1061
MIAMI, FL 33146

2. Principal Place of Business - No P.O. Box #
9100 SO. DADDELAN BLVD.
Suite, Apt. #, etc.
SUITE 1600

3. Mailing Address
9100 SO. DADDELAN BLVD.
Suite, Apt. #, etc.
SUITE 1600

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33156

Country

Zip
33156

Country

01102007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1112131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALDECOA, JORGE L
1320 S DIXIE HWY STE 1061
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name Jorge L. Aldecoa
Street Address (P.O. Box Number is Not Acceptable)
9100 SO. DADDELAN BLVD. SUITE 1600
City MIAMI FL Zip Code 33156

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] x 1/11/07
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D ALDECOA, JORGE L	1320 S DIXIE HWY STE 1061	MIAMI, FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D Jorge L. Aldecoa	9100 SO. DADDELAN BLVD, SUITE 1600	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/11/07 (305) 670-1984
Date Daytime Phone #