

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046201

FILED
Apr 05, 2007
Secretary of State

Entity Name: KB & ASSOCIATES-PARTNERS, INC.

Current Principal Place of Business:

P.O. BOX 49084
KEY BISCAYNE, FL 33149

New Principal Place of Business:

201 GALEN DRIVE
209W
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

P.O. BOX 49084
KEY BISCAYNE, FL 33149

New Mailing Address:

P.O. BOX 490084
KEY BISCAYNE, FL 33149 US

FEI Number: 65-1106285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, HECTOR M ESQ.
717 PONCE DE LEON BLVD., STE. 219
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URIARTE, ARMANDO JR.
Address: P.O. BOX 49084
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: URIARTE, ARMANDO
Address: P.O. BOX 490084
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO URIARTE

MR.

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date