2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061179

1. Entity Name

KAVA SOLUTIONS, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90111 005 ***158.75

2. Principal Place of Business Suita, Apt. # etc. City & State City &													
Suite, Apt. #. etc. City & State City & State City & State Country Zip Country Zip Country Zip Country See Required E. Name and Address of Current Registrated Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P. A. 333 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code City FL Zip Code Signature Coral Gables FL 33134 City FL Zip Code Signature Signature Coral Gables FL 33134 City FL Zip Code Signature Signature Coral Gables FL 33134 City FL Zip Code FL Zip Code Signature Signature Signature Signature Full Now, I am fam fam with and accept need by signature agent on the fragetable Coral Gables FL 33134 City FL Zip Code Signature	10154 NW 41	STREET	S	10154 MIAMI	10154 NW 41 STREET MIAMI FL 33178								
City & State Country Country SPECEL & UTRERA, P.A. 343 ALMERA AVENUE CORAL GABLES FL 33134 City & State Country Special Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Special Address of New Registered Agent 7. Name and Address of New Registered Agent Name Special Address of New Registered Agent City & State	2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address				4 10011001 HAR BOLDE HARAF DRAIL GOLDE HARAF		I	1010 1011 1841	
Part	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with and accept the codigations of registered agent, or both, in the State of Rorida. I am familiar with and accept the codigations of registered agent. SIGNATURE FLE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ANAWAR SIGNAM FL 33178 CITY-51-2P TILE WANAWAR STREET ADDRESS 10154 NW 41 STREET TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET Dedee TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET Dedee TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET Dedee TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET Dedee TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET WANAWAR STREET ADDRESS 10155 NW 41 STREET Dedee TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET Dedee TILE WANAWAR STREET ADDRESS 10155 NW 41 STREET DEDECE WANAWAR STREET DEDECE WANAWAR STREET ADDRESS 10155 NW 41 STREET DEDECE WANAWAR STREET ADDRESS 10155 NW 41 STREET DEDECE WANAWAR STREE	City & Stat	te		City	City & State				65-1113397				
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

03 06 0

3**cs-994-74**4

Daytime Phone #

;R2E034 (10/02)