

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061816

FILED
Jul 07, 2008
Secretary of State

Entity Name: INKA GRAND FLORIDA MANAGEMENT COMPANY

Current Principal Place of Business:

539 N. BIRCH RD.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

539 N. BIRCH RD.
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1114416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOSLOWSKI, CASEY KARL
539 N. BIRCH RD.
FT. LAUDERDALE, FL 33304 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: DV () Delete
Name: KOSLOWSKI, CASEY KARL
Address: 539 N. BIRCH RD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: DT () Delete
Name: KOSLOWSKI, KARL
Address: 539 N. BIRCH RD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: DS () Delete
Name: KOSLOWSKI, INGRID
Address: 539 N. BIRCH RD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: DP () Delete
Name: KOSLOWSKI, RICHARD KARL
Address: 539 N. BIRCH RD.
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HERBERT M. PIANIN

MGR

07/07/2008

Electronic Signature of Signing Officer or Director

_____ Date