2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2005 08:00 AM

| DOCUMENT # P01000090324 | | Secretary of State | |
|--|---|--|--|
| 1. Entity Name I. KOLEN'S, INC. | | | |
| A CONTRACTOR OF THE PROPERTY O | | | |
| Principal Place of Business Mailing Address | i- :- " 7: | | |
| 2544 S.W. 30 AVE. PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 | * | | |
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| | | 02082005 No Chg-P CR2E034 (10/03) | |
| DO NOT WRITE IN THIS SPA | CE | 4. FEI Number Applied For | |
| | , <i>'</i> | 65-1139883 Not Applicable 5 Certificate of Status Desired | |
| 6. Name and Address of Current Registered Agent | - | 5. Certificate of Status Desired Fee Required | |
| | | AND TO A STATE OF THE STATE OF | |
| BAKSCHI, GRACIELA 2544 S.W. 30 AVE. | | DO NOT WRITE | |
| PEMBROKE PARK, FL 33009 | | IN THIS SPACE | |
| | | | |
| The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent. | 1 ed office ar register | red agent, or both, in the State of Florida. I am familiar with, and accept | |
| Carrel B. L. Carates | | | |
| SIGNATURE Sonature, typed or printed risme of registered agent and trie if applicable (NOTE: Registered | d Agent signature required | d when reinstating) CATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | .00 May Be led to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| NAME BAKSCHI, GRACIELA | İ | £ ያለነቃ ነትሮነቱ ነው የ-ሚተነግ በተነነ ነገነ | |
| STREET ADDRESS 2544 S.W. 30 AVE. CITY-ST-ZIP PEMBROKE PARK, FL 33009 | ł | 00.0000235527 02.100.008-009 150.00 | |
| TITLE |] | | |
| NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| NAME | | | |
| STRET ADDRESS CITY-ST-ZIP |] | DO NOT WRITE | |
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| TITLE | am Provided Delice (Astronomy) | And the state of t | |
| NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | motion etated in Ca | notice 110 07/03/6 Florida Stanutos I Suites and for the the lef- | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exert indicated on this report or supplemental report is true and accurate and that my signal of the corporation or the receiver or trustee empowered to execute this report as requirechanged, or on an attachment with an address, with all other like empowered. | ture shall have the street by Chapter 607 | sation (1950) (3)(1), Florida Siatules, I furfier certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if | |
| SIGNATURE: X- Gressels-B & nole mile | <u></u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT | TOR } | Data Daytime Phone # | |