

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000102180**

1. Entity Name  
**K & M MOTELS, INC.**



Principal Place of Business  
**28550 US HWY 27 NORTH  
DUNDEE, FL 33838**

Mailing Address  
**28550 US HWY 27 NORTH  
DUNDEE, FL 33838**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3748147</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PREMJI, NURJEHAN  
28550 US HWY 27 NORTH  
DUNDEE, FL 33838**

**DO NOT WRITE  
IN THIS SPACE**

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, 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	D
NAME	PREMJI, NURJEHAN
STREET ADDRESS	28550 US HWY 27 NORTH
CITY-ST-ZIP	DUNDEE, FL 33838

TITLE	D
NAME	PREMJI, SADRUDIN
STREET ADDRESS	28550 US HWY 27 NORTH
CITY-ST-ZIP	DUNDEE, FL 33838

TITLE	
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05/01/07-80101-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

863-439-3688

Daytime Phone #