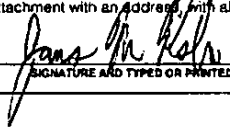


FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90004 027 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000102835		
1. Entity Name JAMES KISHA, INC.		
Principal Place of Business 10697 WILES RD CORAL SPRINGS, FL 33076		Mailing Address 10697 WILES RD CORAL SPRINGS, FL 33076
DO NOT WRITE IN THIS SPACE		
		 04132005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-1145926		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent KISHA, JAMES 16 NW 45TH AVE DEERFIELD BEACH, FL 33442		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 re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISHA, JAMES 16 NW 45TH AVE DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. 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 NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/27/05</u> Daytime Phone #