2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90182 037 ***150.00

020097 AV

DOCUMENT # P01000102835

1. Entity Name
JAMES KISHA, INC.

Principal Place of Business	Mailing Address
3641 W HILLSBORO BLVD #F-207 COCONUT CREEK FL 33073	3641 W HILLSBORO BLVD #F-207 COCONUT CREEK FL 33073

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
10697 WILES RD.		5065 WILES RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 14-202	
City & State: CORAL SPRINGS, FL		City & State: COCONUT CREEK, FL	
Zip: 33076	Country: USA	Zip: 33073	Country: USA

4. FEI Number 65-1145926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KISHA, JAMES
~~3641 W HILLSBORO BLVD~~ 5065 WILES RD,
~~#F-207~~ #14-202
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	KISHA, JAMES		NAME		
STREET ADDRESS	3641 W. HILLSBORO BLVD., #F-207		STREET ADDRESS	5065 WILES RD., #14-202	
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 REQUIRED JAMES KISHA 4/23/03 954-401-9603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #