## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 17, 2006 08:00 AN Secretary of State

ANN	IUAL REPORT	
DOCUMENT # P0200 1. Entity Name KHEM BOYS INC.		
Principal Place of Business	Mailing Address	
10475 NW 37 TERRACE MIAMI, FL 33178	10475 NW 37 TERRACE MIAMI, FL 33178	

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Principal Plac 10475 NW 3 MIAMI, FL 3	7 TERRACE	Mailing Address 10475 NW 37 TERRACE MIAMI, FL 33178	·				
				04042006	No Chg-P	CR2E034 (	12 219 121(pai 11 15a)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 75-2980	<del></del> _	л \$8.	Applied For Not Applicable 75 Additional
	6. Name and Address of Current Ro	gistered Agent	J	ed Postacja na od Pojski bije i i	ME THE CONTROL	ree	Required
10631 S.W MIAMI, FL	II, DEEPAK I. 75TH LANE 33176			IN T	NOT W 'HIS SF	ACE	
	named entity submits this statement for t ions of registered agent.	he purpose of changing its register	ed office or registe	ered agent, or both	h, in the State of Flo	orlda. I am famil	ar with, and accept
SIGNATURE.							·
	Signature, typed or printed name of registered agent and	stide if applicable. (NOTE: Registers	d Agent signature require	ed when reinstating)	***	PATE	<u> </u>
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Final     Trust Fund Contribution.		5,00 May Be ded to Fees			
10.	OFFICERS AND D	RECTORS				messenten er et en Frans	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHEMLANI, DEEPAK 10631 S.W. 75TH LANE MIAMI, FL 33176			r 11. januari Tarakili Lehakili	en kishneramaki		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	SD KHEMLANI, VIDYA 10631 S.W. 75TH LANE MIAMI, FL 33176				04/29/06		js 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZP				. 24	NOT W		
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP					skukit, (4)		
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP		_ <del></del>	A Commission of the Commission		<del>andrin kirato kiriki kirati (19</del> 04, 196	<u> </u>	<u>r-Srista, monte esem, </u>

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.

THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR