2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064682

Entity Name: KAPZ FIRST INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2222 PONCE DR. LEON BLVD. 540 BRICKELL KEY DR

150 STE 709

CORAL GABLES, FL 33134 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

2222 PONCE DR. LEON BLVD. 540 BRICKELL KEY DR

150 STE 709 CORAL GABLES, FL 33134 MIAMI, FL 33131

FEI Number: 01-0711458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PABLO, SALAZAR

2222 PONCE DR. LEON BLVD., # 150

CORAL GABLES, FL 33134 US

PABLO, SALAZAR

540 BRICKELL KEY DR

STE 709

MIAMI, FL 33134 US

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.

SIGNATURE: PABLO, SALAZAR 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: SALAZAR, PABLO Name: SALAZAR, PABLO

Address: 2222 PONCE DR. LEON BLVD., # 150 Address: 540 BRICKELL KEY DR STE 709

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO, SALAZAR PSD 04/30/2007

Electronic Signature of Signing Officer or Director

Date