2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam KAMA IN				Apr 23, 2004 08:00 AM Secretary of State										
Principal Plac	e of Busines	· · · · · · · · · · · · · · · · · · ·	Mailin	ng Address	· · · · · · · · · · · · · · · · · · ·									
717 PONCE		717 PONCE DE LEON BLVD,												
SUITE 234 CORAL GABLES FL 33134			SUITE 234											
CORAL GAI	BLES FL 33	134	COR	AL GABLES FL 33	3134				1 (60)(80) (1)	Nelle Herr Sam s	B SH BB 111 BB 151 (B 1	II I 6 94 0 1 8	titur urtes demi	NEWS 21 1881
2. Principal P	Place of Busin	1000	2 Mai	iling Address										
- rancipart	lace of pasif		J. 171a.	illig Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						MC	ORE	CR2E03	4 (11	/03)		
City & Stat	te	City & State					4. F	El Number	1-36472	34			plied For t Applicable	
Zip	Country		Zip		Cour	Country		5. C	Certificate of S	tatus Desired	: 🗆		75 Add Required	itional
	6. Name	and Address of Curren	Register	ed Agent			7. N	lame and Add	ress of Nev	Registered	Agen	t		
		W. D.O				Name								
717	BRE, FRAI PONCE I TE 234				Street Ad	dress (f	P.O. B	ox Number is	Not Accepta	ble)				
		LES FL 33134												
						City					F		Zip Code	;
8 The above	named entit	y submits this statement f	or the our	ose of changing its	register	ed office or r	register	ed and	ent or both in	the State of	-		or with	
	tions of regist		or the part	7000 or changing ha	register	ed office of f	i egisteri	cu ayı	on, or poor, m	ing omic or	rionoa, rai	11.1021331	ai willi,	and accept
SIGNATURE														
SIGNATURE.		or printed name of registered agen	t and title if app	Plicable (NOT)	E Registere	d Agent signature	e required	when re	instating)	-	DATE			
F	ILE NOW!	!! FEE IS \$150.00	. 1 - 1 - 1 - 1 - 1						A = 1					-
After May 1, 2004 Fee will be \$550.00										n Campalgn und Contribu	~			May Be to Fees
<u> </u>	k Payable to	Florida Department												
10.	PCEO	OFFICERS AND	DIRECTO		11. Titl			AD	DITIONS/CHA	NGES TO C	FFICERS AN			
NAME	AREVALO,	JORGE	☐ Delete			1E						Ш	Change	Addition
STREET ADDRESS 717 PONCE DE LEON BLVD., STI			E 234			EET ADDRESS								
CITY-ST-ZIP	CORAL GA	ABLES FL 33134			CITY	/-SI-ZIP								
TITLE	VD			☐ Defete	TITL	£							Change	Addition
NAME	AREVALO,					1E								
STREET ADDRESS CITY-ST-ZIP		E DE LEON BLVD. SUI ABLES FL 33134				EET ADDRESS (-ST-ZIP						หล	ico c)2T)
TITLE .	DVPT	-	-	☐ Delete Tm					<u></u>	i Chi ha	00010-6		l <u>ou.</u> Change	#¥ ☐ Addition
NAME	CASAS, LU	JIS		_ Delete	NAM	ŀ						Ľ	Onange	Addition
STREET ADDRESS	717 PONC	E DE LEON BLVD. SU	TE 234			EET ADDRESS								
CITY-ST-ZIP		ABLES FL 33134			CITY	/-ST-ZIP								
IMILE	DVPT	CLICTAL/O		☐ Delete	TITL	1							Change	Addition
NAME STREET ADDRESS	JAEGER, C	E DE LEON BLVD. SUI	TE 234		NAM	EET ADDRESS								
CITY-ST-ZIP		ABLES FL 33134				/-ST-ZIP								
TITLE	SD			☐ Delete	IIIL	E							Change	☐ Addition
NAME	FABRE, FR				NAM	1E							•	_
STREET ADDRESS		E DE LEON BLVD. SUI ABLES FL 33134	TE 234			EET ADDRESS								
CITY-ST-ZIP	OOTIAL OF					r-St-ZIP								—
TITLE NAME				Delete	TITL NAM								Change	Addition
STREET ADDRESS			(,/			EET ADDRESS								
CITY-ST-ZIP		,	established		_)ST-ZIP								
12. I hereby of indicated	certify that the on this repor	e information supplied wil rt or supplemental report ne receiver or trustee emp	h this filing is true and	does not qualify for accurate and that r	r the exe	emption state	d in Se	ction 1	119.07(3)(i), Fl egal effect as	orida Statute if made und	s. I further c er oath; that	ertify th	nat the in n officer	formation or director
of the cor changed	rporation or the , or on an atta	ne receiver or trustee emp achment with an address	owered to with all off	execute this report per like empowered	as requ	ired by Ghap	oter 607	, Horid	da Statutes; ar	nd that my na	ame appears	in Blo	ck 10 or	Block 11 if

SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

Fabre 4/20/04 301-446-8766
Daytone Phone #