


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -8 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000080604
1. Entity Name
KINACI Group Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12505 NW 67 DRIVE
Suite, Apt. #, etc.

3. Mailing Address
12505 NW 67 DRIVE
Suite, Apt. #, etc.

700023642667
10/03/03 - 01028 - 009 - **150.00
REINSTATEMENT FEE 03
DO NOT WRITE IN THIS SPACE

City & State
PARKLAND FL

City & State
PARKLAND FL

4. FEI Number
02-0648624

Applied For
 Not Applicable

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

Zip Country
-33076 - FL

Zip Country
-33076 - FL

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KINACI, HAKAN

Street Address (P.O. Box Number is Not Acceptable)
12505 NW 67 DRIVE

City
PARKLAND FL Zip Code
33076

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7 KINACI, HAKAN 12505 NW 67 DRIVE PARKLAND FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **9/23/03** **(854) 435-9159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

9/10/5

KINACI GROUP, INC.
12505 NW 67TH DRIVE
PARKLAND, FLORIDA 33076
954-227-9122

Tuesday, September 23, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

Enclosed is the Uniform Business Report for our 2003 corporate registration. We did not receive any forms from your office to register for the 2003 year, and consequently, did not know that our registration had expired. Our address has changed; and any forms that your office may have sent to our old address were not forwarded to our new location.

Enclosed please find our completed Uniform Business Report Form with our new address. Also enclosed is the \$150.00 registration fee. We respectfully request that you abate any late filing fee due to reasonable cause. As explained above, we never received any forms or other notifications due to our address change.

Thank you for your consideration.

Sincerely,



Hakan Kinaci