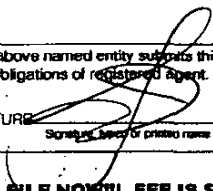
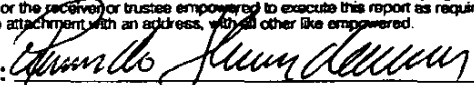


FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 010 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000082095			
1. Entity Name KASULIK, INC.			
Principal Place of Business 1250 E HALLANDALE BEACH BLVD 808 HALLANDALE, FL 33009		Mailing Address 1250 E HALLANDALE BEACH BLVD 808 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 1250 E Hallandale Beach Blvd.		3. Mailing Address 1250 E Hallandale Beach Blvd.	
Suite, Apt. #, etc. 1007		Suite, Apt. #, etc. 1007	
City & State Hallandale, FL		City & State Hallandale, FL	
Zip 33009	Country USA	Zip 33009	Country USA
4. FEI Number 22-3872062		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS INC 1200 BRICKELL AVE SUITE 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Atrium Registered Agents, Inc. 1500 San Remo Avenue Suite 125 Coral Gables FL 33146	
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. Atrium Registered Agents, Inc. By: Jack Finkelman, VP SIGNATURE:  DATE: _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SHNEIDERMAN, RICARDO 1250 E. HALLANDALE BEACH BLVD. STE 808 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHNEIDERMAN, RICARDO 1250 E. HALLANDALE BEACH BLVD., STE 808 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		Date: Jan-09-08	
SIGNATURE AND TYPE OR PRINTED NAME OF SEEDING OFFICER OR DIRECTOR		Date	