

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095909

1. Entity Name
439 KC, INC.



Principal Place of Business
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-P

CR2E034 (10/03)

4. FEI Number
06-1675238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D ☐ Delete
NAME BALLON, ANDRES
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BALLON, MARCIA L
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE D ☒ Change ☐ Addition
NAME Ballon, Maria L.
STREET ADDRESS 2665 S. Bayshore Drive, Suite 703
CITY-ST-ZIP Miami, Florida 33133

TITLE S ☐ Delete
NAME RICHARDS, TIMOTHY D
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 (305) 858-9900

Date

Daytime Phone #