

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90076 014 ***150.00

DOCUMENT # P02000100686

1. Entity Name
KENRICH MARKETING, INC.



Principal Place of Business
**12349 NW 55TH ST
CORAL SPRINGS, FL 33076**

Mailing Address
**12349 NW 55TH ST
CORAL SPRINGS, FL 33076**

40103000



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3875483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, RICHARD
8623 BELLA VISTA DR
BOCA RATON, FL 33433**

8913 Bella Aire Ct

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, RICHARD
STREET ADDRESS 8623 BELLA VISTA DR
CITY - ST - ZIP BOCA RATON, FL 33433

8913 Bella Aire Ct

TITLE STD
NAME BENKO, KENNETH
STREET ADDRESS 12349 NW 55TH ST
CITY - ST - ZIP CORAL SPRINGS, FL 33076

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/24/07 561-213-5634