
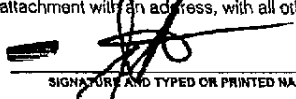


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000106895			
1. Entity Name KOM II CORPORATION			
Principal Place of Business 4441 COLLINS AVENUE SUITE 754 MIAMI BEACH, FL 33140		Mailing Address 4441 COLLINS AVENUE SUITE 754 MIAMI BEACH, FL 33140	
DO NOT WRITE IN THIS SPACE			
		01252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 52-2383986	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FRANTZMAN, JEFF 4441 COLLINS AVENUE SUITE 754 MIAMI BEACH, FL 33140		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<p>U00000418108 02/13/06-80083-002 150.00</p> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUSS, STEPHEN 4441 COLLINS AVENUE #754 MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MUSS, MELANIE 4441 COLLINS AVE, #754 MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS FRANTZMAN, JEFF 4441 COLLINS AVE, #754 MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		1/27/06 305 535 3272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	