

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109342

Entity Name: KIRAL PROPERTIES, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

455 11TH AVENUE N.E.  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 3437  
ST. PETERSBURG, FL 337313437

## New Mailing Address:

FEI Number: 02-0676174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAWA, SCOTT R  
200 MERES BLVD  
22  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KIRAL, MICHAEL  
Address: PO BOX 3237  
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: P ( ) Delete  
Name: KIRAL, WENDY  
Address: PO BOX 3437  
City-St-Zip: SAINT PETERSBURG, FL 33731

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KIRAL

D

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date