


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90017 018 ***150.00

DOCUMENT # P02000124144	
1. Entity Name THE KENZAK GROUP, INC.	

Principal Place of Business 639 E. OCEAN AVENUE 403 BOYNTON BEACH, FL 33435 US	Mailing Address 639 E. OCEAN AVENUE 403 BOYNTON BEACH, FL 33435 US
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14000283

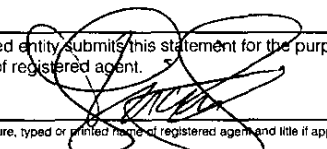


2. Principal Place of Business 2500 Quantum Lakes Drive Suite 203 Boynton Beach FL 33426 Palm Beach	3. Mailing Address 2500 Quantum Lakes Drive Suite 203 Boynton Beach FL 33426 Palm Beach
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03122004 Chg-P CR2E034 (10/03)

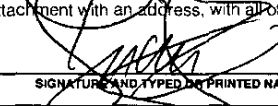
4. FEI Number 16-1640146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSKOWITZ, BRIAN M. 639 E. OCEAN AVENUE 403 BOYNTON BEACH, FL 33435	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2500 Quantum Lakes Drive Suite 203 Boynton Beach FL 33426
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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 	DATE 3/12/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BRIAN, MOSKOWITZ M PRES 639 E OCEAN AVENUE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brian M. Moskowitz 2500 Quantum Lakes Drive -suite 203 Boynton Beach FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Brian M. Moskowitz	Date 3/12/04 Daytime Phone # (581) 369-4441