

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90383 007 ***150.00

DOCUMENT # P03000010065

1. Entity Name

K.M.R.A. ENTERPRISES, INC.



Principal Place of Business

**8441 SOUTHWEST 27TH PLACE
DAVIE FL 33328**

Mailing Address

**8441 SOUTHWEST 27TH PLACE
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4234827

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name

WILLIAM KALICHMAN

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

8441 SW 27TH PLACE

City

DAVIE

FL

Zip Code

33328

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)

15 April 2004
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	KALICHMAN, ROSE M	
STREET ADDRESS	8441 SOUTHWEST 27TH PLACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KALICHMAN, CYNTHIA	
STREET ADDRESS	8441 SOUTHWEST 27TH PLACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KALICHMAN, ABBY-J	
STREET ADDRESS	8441 SOUTHWEST 27TH PLACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	Pres	<input type="checkbox"/> Delete
NAME	WILLIAM KALICHMAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE KALICHMAN	
STREET ADDRESS	8441 SW 27 PLACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM KALICHMAN	
STREET ADDRESS	8441 SW 27 PLACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN KALICHMAN	
STREET ADDRESS	8441 SW 27 PLACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

15 April 2004
Date

Daytime Phone #