03/30/2006 12:31 7189376649 KUTLER & SI

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Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90035 001 ***150.00
04-06-2006 90035 002 *****8.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016630

1. Entity Name
KADIMA ASSOCIATES, INC.

66008726

Principal Place of Business	Mailing Address
843 TIVOLI CIRCLE SUITE #104 DEERFIELD BEACH, FL 33441	POST OFFICE BOX 1001 DEERFIELD BEACH, FL 33443

03302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3685 N. Federal Hwy	
Suite, Apt. #, etc.: St 203	Suite, Apt. #, etc.
City & State: Lighthouse Point, FL	City & State
Zip: 33064 Country: Broward	Zip / Country

4. FEI Number: 51-0445690 ☐ 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: Kadima Associates, Inc Street Address (P.O. Box Number Is Not Acceptable): 3685 N. Federal Hwy, St. 203 City: Lighthouse FL Zip Code: 33064

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: LEON AUSFRESSER [signature] Pres Kadima Assoc 3/30/06
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, 2006 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD AUSFRESSER, LEON A 843 TIVOLI CIRCLE, SUITE #104 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] LEON AUSFRESSER Pres 3/30/06 954-942-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #