

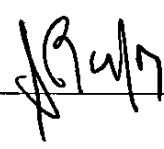


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000024981 1. Entity Name KAVAC, INC.						FILED 05 APR -1 PM 3: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2700 GLADES CIRCLE STE 114 WESTON, FL 33327				Mailing Address 2700 GLADES CIRCLE STE 114 WESTON, FL 33327			
2. Principal Place of Business 2900 GLADES CIRCLE Suite, Apt. #, etc. STE. #900		3. Mailing Address 2900 GLADES CIRCLE Suite, Apt. #, etc. STE. #900		03252005 Chg-P CR2E034 (10/03)			
City & State WESTON - FLORIDA		City & State WESTON - FLORIDA		4. FEI Number 56-2321755		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip FL-33327		Country US		Zip 33327		Country US	
6. Name and Address of Current Registered Agent TURCO-RIVAS, ANTONIO 2700 GLADES CIRCLE STE 114 WESTON, FL 33327				7. Name and Address of New Registered Agent Name FRANCISCO PARDO Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE STE. 900 City WESTON FL Zip Code 33327			
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 <u><i>Francisco Pardo</i></u> DATE <u>03-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TURCO-RIVAS, ANTONIO <input type="checkbox"/> Delete 2700 GLADES CIRCLE STE 114 WESTON, FL 33327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANTONIO TURCO-RIVAS 2900 GLADES CIRCLE STE. 900 WESTON FL 33327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANCISCO PARDO 2900 GLADES CIRCLE STE 900 WESTON FL 33327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALFREDO MANRIQUE 2900 GLADES CIRCLE STE 900 WESTON FL 33327		
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 300050863653 04/15/05--01009--013 **\$61.25		
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		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>03/25/05</u>		Daytime Phone # <u>781-239 5706</u>	