


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000042651</b> 1. Entity Name <b>KMB ENTERPRISE INC.</b>				
Principal Place of Business <b>8567 CORAL WAY 398 MIAMI, FL 33155</b>		Mailing Address <b>8567 CORAL WAY 398 MIAMI, FL 33155</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED

05 OCT -4 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0943632</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DAVILA, MARICELA</b> <b>8567 CORAL WAY</b> <b>398</b> <b>MIAMI, FL 33155</b>				Name Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 24pt; font-weight: bold; text-align: center;">8/31/05 01012 04-3500</div> City <span style="float: right;"><b>FL</b></span> Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P DAVILA, MARICELA	<input type="checkbox"/> Delete	TITLE	P DAVILA, MARICELA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8567 CORAL WAY # 398		STREET ADDRESS	8567 CORAL WAY #398	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULLON, RAUL		NAME	DAVILA, MARICELA	
STREET ADDRESS	8567 CORAL WAY # 398		STREET ADDRESS	8567 CORAL WAY #398	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER, MICHAEL		NAME	DAVILA, MARICELA	
STREET ADDRESS	8567 CORAL WAY # 398		STREET ADDRESS	8567 CORAL WAY #398	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *M. Davila* **MARICELA DAVILA** / *10/12/05* **10/12/05** *839-462-5356*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Durable Phone #  
**786 367-2809**