


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90006 030 ***150.00

DOCUMENT # P03000048004	
1. Entity Name K.V. PORT COMPANY, INC.	

Principal Place of Business 6797 WILLOW WOOD DRIVE #6043 BOCA RATON, FL 33434	Mailing Address 6797 WILLOW WOOD DRIVE #6043 BOCA RATON, FL 33434
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

44046571



06102004 Chg-P CR2E034 (10/03)

4. FEI Number 77-0699804	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BATISTA, RHADAMES C 7171 CORAL WAY, SUITE 400 MIAMI, FL 33165	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.

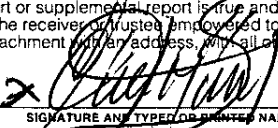
SIGNATURE:  DATE: 06/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	PSD MARQUEEZ, CARMEN 6797 WILLOW WOOD DRIVE #6043 BOCA RATON, FL 33434 <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, and all other like empowered.

SIGNATURE:  DATE: 06/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

44046571

Boca Raton - FL, June 10th, 2004

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

~~I would like to inform you that I have a Profit Corporation~~
by the following name:

K.V. PORT COMPANY, INC.

Doc # P03000048004

Our corporation has its articles filed with Florida department of State-Division of Corporation on 04/30/2003. Unfortunately, we never received the first notice of our 2003 UBR form; and we did not know that we must pay it annually. I was out of this country until last week, that I came back and I realized that my corporation is in debt with you, just because my accountant advised me about it.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 150.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

~~If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.~~

Sincerely,

x 

CARMEN MARQUINEZ
President

K.V. PORT COMPANY, INC.
FEIN 77-0599804
6797 WILLOW WOOD DRIVE #6043
BOCA RATON FL 33434