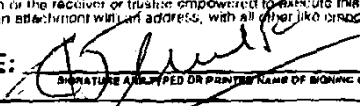


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90016 027 ***150.00

54026474

DOCUMENT # P03000050313			
1. Entity Name KPS INSURANCE WHOLESALERS GROUP CORP.			
Principal Place of Business 6750 TAFT STREET HOLLYWOOD, FL 33024		Mailing Address 6750 TAFT STREET HOLLYWOOD, FL 33024	
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 731666494		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	
KAUFMAN, MICHAEL A 6750 TAFT STREET HOLLYWOOD, FL 33024		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTT - Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$450.00 After May 1, 2004 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	P KAUFMAN, MICHAEL A 6750 TAFT STREET HOLLYWOOD, FL 33024 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAIVI I. KAUFMAN 6750 TAFT ST. HOLLYWOOD, FL 33024 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEMSCH, CARLOS 3535 HIAWATHA STREET # C-223 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEREZ, RAY H 14750 SW 93RD COURT MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 exemption stated in Section 19.07(3)(a), 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 information.			
SIGNATURE: 		3/31/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Title Daytime Phone #	