2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2005 08:00 AM DOCUMENT # P03000052365 **Secretary of State** t. Entity Name K & V PROPERTIES, INC Principal Place of Business ... Mailing Address 822 NE 125TH ST., #109 822 NE 125TH ST., #109 N. MIAMI, FL 33161 N. MIAMI, FL 33161 No Cha-P CR2E034 (10/03) 03082005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0186522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAFRANCE, ALPHONCIA DO NOT WRITE 822 NE 125TH ST., #109 N. MIAMI, FL 33161 IN THIS SPACE 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 tamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and bite it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees — U00000276856 03/26/05-80006-002 150,00 10. OFFICERS AND DIRECTORS D IIILE LOUIS, HERCILIA NUME STREET JODGESS 822 NE 125TH ST., #109 CITY-ST-ZIP N. MIAMI, FL 33161 RILE LAFRANCE, ALPHONCIA NAME STREET ADDRESS 822 NE 125TH ST., #109 CITY-ST-ZIP N. MIAMI, FL 33161 TILLE ם VILSAINT, LOUISSAINT J NAME. STREET AUDRESS 822 NE 125 STREET #109 DO NOT WRITE CITY-ST-ZIP N. MIAMI, FL 33161 TITLE IN THIS SPACE VILSAINT-PIERRE, MARIANA C 822 NE 125 STREET #109 STREET ADDRESS N. MIAMI, FL 33161 CITY-ST-ZIP MOMPREMIER, KETLIE NAME STREET ADDRESS 822 NE 125 ST #109 CITY-ST ZIP N. MIAMI, FL 33161 អារាទ NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 curporation or the receiver or trustee empowered to execute this propert 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 addition, with all other like employered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED