


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000052365</b> 1. Entity Name K & V PROPERTIES: INC	
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Principal Place of Business 822 NE 125TH ST., #109 NORTH, MIAMI, FL 33161	Mailing Address 822 NE 125TH ST., #109 NORTH, MIAMI, FL 33161
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07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0186522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LAFRANCE, ALPHONCIA 822 NE 125TH ST., #109 NORTH, MIAMI, FL 33161
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**DO NOT WRITE  
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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, HERCILIA 822 NE 125TH ST., #109 NORTH, MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFRANCE, ALPHONCIA 822 NE 125TH ST., #109 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, MOMPRIEMER 822 NE 125 STREET #109 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, MAXI 822 NE 125 STREET #109 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/07-80001-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/07