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Secretary of State

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MAY-01-2006 11:10

CRA OFFICE

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000056525

1. Entity Name
KYEEMA INTERNATIONAL, INC.



40082133



Principal Place of Business
2023 SOUTHWEST 16TH AVENUE
BOYNTON BEACH, FL 33426-6401

Mailing Address
POST OFFICE BOX 963
BOYNTON BEACH, FL 33425

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04292006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3758676
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

MIAMI, FL 33145

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 date if applicable

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
W. DAWN EASTON
2023 SOUTHWEST 16TH AVENUE
BOYNTON BEACH, FL 334266401

TITLE
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CITY-ST-ZIP

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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
W. DAWN EASTON

enclosed ck 4 1003

Date of Filing