2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063559

FILED Jan 14, 2004 Secretary of State

Entity Name: KAHN - RESTREPO CONSTRUCTION & DEVELOPMENT, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
SH ISLES BL	VD.			
N, FL 33498				
ing Address	:	New Mailing Addres	ss:	
SH ISLES BL	VD.			
N, FL 33498				
-0036298	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
med entity su Florida.	bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
Electronic	Signature of Registered Ag	jent	Date	
ign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
AHN, STEVEN H 9235 S. CREEK	I SHORE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
P ()[Title:	() Change () Addition	
	SH ISLES BL N, FL 33498 ing Address SH ISLES BL N, FL 33498 ing Address SH ISLES BL N, FL 33498 ing Address of Cu EN SH ISLES BL N, FL 33498 med entity su Florida. Electronic ign Financing 1 ND DIRECTO AHN, STEVEN H 2335 S. CREEK	SH ISLES BLVD. N, FL 33498 Ing Address: SH ISLES BLVD. N, FL 33498 10036298 FEI Number Applied For () Iddress of Current Registered Agent: EN SH ISLES BLVD. N, FL 33498 US med entity submits this statement for the Florida. Electronic Signature of Registered Aging Financing Trust Fund Contribution (). ND DIRECTORS:	SH ISLES BLVD. N, FL 33498 Ing Address: SH ISLES BLVD. N, FL 33498 O036298 FEI Number Applied For () FEI Number Not Applicable () Iddress of Current Registered Agent: Name and Address of SH ISLES BLVD. N, FL 33498 US med entity submits this statement for the purpose of changing its registere Florida. Electronic Signature of Registered Agent ign Financing Trust Fund Contribution (). ND DIRECTORS: () Delete AHN, STEVEN H D235 S. CREEKSHORE COURT New Mailing Address New Mailing Address New Mailing Address Address:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A. RESTREPO VP 01/14/2004