

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90052 020 ***150.00

DOCUMENT # P03000065397 1. Entity Name KOLLN INDUSTRIES, INC.					
Principal Place of Business 911 SW 15TH STREET, SUITE 307 POMPAÑO BEACH, FL 33060			Mailing Address P.O. BOX 667533 POMPAÑO BEACH, FL 33066		
2. Principal Place of Business 2550 N. Federal Highway Suite, Apt. #, etc. Suite 3		3. Mailing Address Suite, Apt. #, etc. 			
City & State Fort Lauderdale, FL		City & State F.		4. FEI Number 58-2675699	
Zip 33305		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLN, EMILIO MEL 911 SW 15TH STREET, SUITE 307 POMPAÑO BEACH, FL 33066				7. Name and Address of New Registered Agent Name 	
				Street Address (P.O. Box Number is Not Acceptable) 2131 SE 10th AV. #1114	
				City Fort Lauderdale	
				State FL Zip Code 33316	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 KELLN, EMILIO 911 SW 15TH ST. APT #307 POMPAÑO BEACH, FL 33060		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 2131 SE 10TH AV. #1114 Fort Lauderdale, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

3/2/05
Date

954 5634777
Daytime Phone #