

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90043 046 ***150.00

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1. Entity Name
KERALA COUNTRY CLUB, INC.



Principal Place of Business Mailing Address
6953 NW 19TH STREET 6141 SW 16th St
MARGATE, FL 33063 N. LAUDERDALE MARGATE, FL 33063
FL 33068 6141 SW 16th St
N. LAUDERDALE FL 33068



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1702226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KUNCHANDY GEORGE ALVARO CAMPUZANO
6953 NW 19TH STREET 6141 SW 16th St.
MARGATE, FL 33063 N. LAUDERDALE FL 33068

**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 (President) 3/18/06
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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	ALVARO CAMPUZANO
NAME	KUNCHANDY GEORGE	6141 SW 16th St.
STREET ADDRESS	6953 NW 19TH STREET	N. LAUDERDALE FL 33068
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	GUSTAVO CAMPUZANO
NAME	KUNCHANDY GEORGE	715 SW 73rd AVE
STREET ADDRESS	6953 NW 19TH STREET	N. LAUDERDALE FL 33068
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SEC	ALVARO CAMPUZANO
NAME	KUNCHANDY GEORGE	6141 SW 16th St.
STREET ADDRESS	6953 NW 19TH STREET	N. LAUDERDALE FL 33068
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TRES	CARLOS CAMPUZANO
NAME	KUNCHANDY GEORGE	7404 SW 11th Ct.
STREET ADDRESS	6953 NW 19TH STREET	N. LAUDERDALE FL 33068
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: President (954) 410-2279
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/18/06
Date Daytime Phone #