

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90037 013 ***150.00

DOCUMENT #	P03000082988
1. Entity Name	
Super Kay Inc	

DO NOT WRITE IN THIS SPACE

24032738

2. Principal Place of Business		3. Mailing Address	
7095 S Highway 17-92			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fern Park, FL			
Zip	Country	Zip	Country
32730			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
38-3685780		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	
KY, KENNARONG	
Street Address (P.O. Box Number is Not Acceptable)	
1013 COASTAL CIRCLE	
City	Zip Code
OCOEE	FL 34761

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11.	
TITLE	President	TITLE			
NAME	KY, KENNARONG	NAME			
STREET ADDRESS	1013 COASTAL CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 34761 US	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			

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 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 #