

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000085296

Entity Name: KIH, INC.

**FILED**  
**Sep 07, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 62021  
FT MYERS, FL 33906

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 62021  
FT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 74-3100905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENOUD, KARAM  
2111 SE 8 PL  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: EID, MARIANNE  
Address: PO BOX 61366  
City-St-Zip: FT MYERS, FL 33906

Title: D ( ) Delete  
Name: HENOUD, KARAM  
Address: 2111 SE 8 PL  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PSD (X) Change ( ) Addition  
Name: HENOUD, KARAM  
Address: 2111 SE 8 PL  
City-St-Zip: CAPE CORAL, FL 33990

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: KARAM HENOUD

PSD

09/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date