


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/30

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90010 048 \*\*\*150.00

<b>DOCUMENT # P03000102387</b> 1. Entity Name <b>KENNETH F. MICHAEL INVESTMENTS, INC.</b>																					
Principal Place of Business <b>2910 NORTH FEDERAL HIGHWAY</b> <b>#8</b> <b>BOCA RATON, FL 33431 US</b>		Mailing Address <b>2910 NORTH FEDERAL HIGHWAY</b> <b>#8</b> <b>BOCA RATON, FL 33431 US</b>																			
2. Principal Place of Business <b>663 LAKEVIEW CIRCLE W.</b> Suite, Apt. #, etc.		3. Mailing Address <b>663 LAKEVIEW CIRCLE W.</b> Suite, Apt. #, etc.																			
City & State <b>DELRAY BEACH, FL</b> Zip <b>33445</b>		City & State <b>DELRAY BEACH, FL</b> Zip <b>33445</b>																			
4. FEI Number <b>20-0339233</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																			
6. Name and Address of Current Registered Agent  <b>FLEISHNER, KENNETH M</b> <b>5800 TOWN BAY DRIVE - APT 438</b> <b>BOCA RATON, FL 33486</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>663 LAKEVIEW CIRCLE W.</b> <b>DELRAY BEACH, FL</b> FL Zip <b>33445</b>																			
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 <u><i>Kenneth M. Fleishner</i></u> DATE <u>8/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>D, P</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>KENNETH M. FLEISHNER</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>663 LAKEVIEW CIRCLE W.</b></td> </tr> <tr> <td></td> <td><b>DELRAY BEACH, FL 33445</b></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	<b>D, P</b>	STREET ADDRESS	<b>KENNETH M. FLEISHNER</b>	CITY-ST-ZIP	<b>663 LAKEVIEW CIRCLE W.</b>		<b>DELRAY BEACH, FL 33445</b>
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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: <u><i>Kenneth M. Fleishner</i></u> DATE <u>8/20/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					