

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114645

Entity Name: KALBROOK SERVICES INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6061 NW FALLS CIRCLE DRIVE  
SUITE 10-311  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 25913  
BROOKLYN, NY 11202 2

**New Mailing Address:**

FEI Number: 11-3540188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

SMITH, LOYSTON R  
6061 NW FALLS CIRCLE DRIVE  
SUITE 10-311  
LAUDERHILL, FL 33319 US

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: P  
Name: SMITH, LOYSTON R  
Address: 6061 NW FALLS CIRCLE DRIVE, SUITE 10-311  
City-St-Zip: LAUDERHILL, FL 33319

Title: TRES  
Name: SMITH, LOYSTON  
Address: 6061 NW FALLS CIRCLE DRIVE, SUITE 10-311  
City-St-Zip: LAUDERHILL, FL 33319

Title: S  
Name: SMITH, TRACEY  
Address: 6061 NW FALLS CIRCLE DRIVE, SUITE 10-311  
City-St-Zip: LAUDERHILL, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: LOYSTON SMITH

P

04/20/2011

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

\_\_\_\_\_  
Date