



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 003 ***150.00

DOCUMENT # P03000125164 1. Entity Name KANTER CORPORATION OF FLORIDA, INC.						
Principal Place of Business 4770 BISCAYNE BLVD. SUITE 1150 MIAMI, FL 33137 US			Mailing Address 4770 BISCAYNE BLVD. SUITE 1150 MIAMI, FL 33137 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 610 Jennifer Lynch 505 S. Flagler Drive Suite 900				
Suite, Apt. #, etc.		City & State West Palm Beach, FL		4. FEI Number 31-0550418		
City & State		Zip 33401-5948		Country U.S.		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANTER, NANCY R 4770 BISCAYNE BLVD, SUITE 1150 MIAMI, FL 33140		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John E. Kanter 4770 Biscayne Blvd #1150 Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREYRA, MARITZA 4770 BISCAYNE BLVD, SUITE 1150 MIAMI, FL 33137		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 2/14/08 Daytime Phone # 3055764310		