


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 030 ***158.75

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|--|--|---|---|--|--|
| DOCUMENT # P04000004185 1. Entity Name KAMS ENTERPRISES GROUP INC. | | | |  | |
| Principal Place of Business 1019 SW 137TH PLACE MIAMI, FL 33184 | | | Mailing Address 1019 SW 137TH PLACE MIAMI, FL 33184 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3775433 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZAMORA, SUZETTE 1019 SW 137TH PLACE MIAMI, FL 33184 | | | | 7. Name and Address of New Registered Agent Name NESTOR SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 9910 S.W. 8th ST. #113 MIAMI, FL 33174 City MIAMI, FL Zip Code 33174 | |
| 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>Nestor Sanchez</i></u> DATE <u>3/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | P ZAMORA, SUZETTE <input type="checkbox"/> Delete 1019 SW 127TH PLACE MIAMI, FL 33184 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Suzette Zamora</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3-3-06</u> Daytime Phone # | | |