

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000023138 1. Entity Name KEN'S PHOTOKARDS INC.	
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Principal Place of Business 16485 COLLINS AVE #2931 NORTH MIAMI BEACH FL 33301	Mailing Address 16485 COLLINS AVE #2931 NORTH MIAMI BEACH FL 33301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 13-4273967	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIFKIND, JO-ANN 16485 COLLINS AVE #2931 NORTH MIAMI BEACH FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

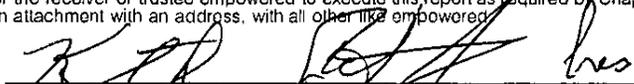
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00.
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFKIND, KENNETH <input type="checkbox"/> Delete 16485 COLLINS AVE NORTH MIAMI BEACH FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIFKIND, JO-ANN <input type="checkbox"/> Delete 16485 COLLINS AVE NORTH MIAMI BEACH FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000736542 05/10/07-80079-024 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 titles empowered.

SIGNATURE:  786 942 8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____