



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90001 037 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P04000054171</b><br>1. Entity Name<br><b>KOLVIN CORPORATION</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>11283 S.W 88TH STREET<br/>APT # L103<br/>MIAMI, FL 33176</b>  |  |   | Mailing Address<br><b>11283 S.W 88TH STREET<br/>APT # L103<br/>MIAMI, FL 33176</b>   |   |  |
| 2. Principal Place of Business<br><b>11247 SW 88TH ST.</b><br>Suite, Apt. #, etc.<br><b>SUITE F-114</b><br>City & State<br><b>MIAMI - FL.</b><br>Zip<br><b>33176</b> Country<br><b>U.S.A.</b>   |  | 3. Mailing Address<br><b>11247 SW 88TH ST.</b><br>Suite, Apt. #, etc.<br><b>SUITE F-114</b><br>City & State<br><b>MIAMI - FL.</b><br>Zip<br><b>33176</b> Country<br><b>U.S.A.</b> |  |   |  |
| 06062005 Chg-P CR2E034 (10/03)  |  |   |  | 4. FEI Number<br><b>56-2454236</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OUJO, MARIA A<br/>975 S.E 2ND PLACE<br/>HIALEAH, FL 33010</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>ALICIA MONTGOMERY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11247 S.W 88TH ST. SUITE F-114</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33176</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.<br>SIGNATURE <u><i>Alicia Montgomery</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6-6-05</u>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>MONTGOMERY, ALICIA</b> <input type="checkbox"/> Delete<br><b>11283 S.W 88TH STREET APT L-103</b><br><b>MIAMI, FL 33176</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>MONTGOMERY ALICIA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11247 S.W. 88TH ST. SUITE F-114</b><br><b>MIAMI FL 33176</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>OUJO, MARIA A</b> <input checked="" type="checkbox"/> Delete<br><b>975 S.E 2ND PLACE</b><br><b>HIALEAH, FL 33010</b>      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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>Alicia Montgomery</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | <u>6-6-05</u><br>Date Daytime Phone #  |   |  |