

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077813

Entity Name: KAOS ADVERTISING, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1110 BRICKELL AVENUE
SUITE 804
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1110 BRICKELL AVENUE
SUITE 804
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1129036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CRISTO-MINGES, JACQUELINE ESQ.
3001 S.W. THIRD AVENUE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MAVORAH, IAN M
Address: 1110 BRICKELL AVENUE, SUITE 804
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: MAVORAH, MICHELLE
Address: 1110 BRICKELL AVENUE, SUITE 804
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: MAVORAH, MICHELLE
Address: 1110 BRICKELL AVENUE, SUITE 804
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IAN MAVORAH

DPS

04/30/2008

Electronic Signature of Signing Officer or Director

Date