2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078110

Entity Name: KAPA R.E., INC.

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	STREET			
SUITE 280 MIAMI BEA)1 ACH, FL 33139	US		
Current M	lailing Address	s:	New Mailing Addres	s:
	STREET			
SUITE 280 MIAMI BEA	77 ACH, FL 33139	US		
El Number	: 20-1123870	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	KELL AVENUE	RPORATE MANAGEMENT, I	NC	
,				
he above		ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity si e of Florida. RE:			ed office or registered agent, or both,
he above the State	named entity si e of Florida. RE:	ubmits this statement for the		ed office or registered agent, or both, Date
The above on the State	e named entity si e of Florida. RE: Electroni			
The above n the State BIGNATUI	e named entity si e of Florida. RE: Electroni	c Signature of Registered Ag Trust Fund Contribution ().	ent	
The above not the State SIGNATUING Care Care Care Care Care Care Care Care	e named entity so e of Florida. RE:Electroni mpaign Financing S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete CET, SUITE 2801	ent	Date
The above n the State BIGNATUI	e named entity ste of Florida. RE: Electroni mpaign Financing S AND DIRECT D () I SCHON, NICOLA 101 20TH STREI MIAMI BEACH, F	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete A ET, SUITE 2801 EL 33139 US Delete A ET, SUITE 2801	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLA SCHON D 03/14/2007