2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130824

MORFIDIS, DIMITRIOS

100 SOUTH FEDERAL HIGHWAY

HALLANDALE BEACH, FL 33009 US

Name:

Address:

City-St-Zip:

Entity Name: KITSILANO, INC

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of	New Principal Place of Business:	
	H FEDERAL H ALE BEACH, F		US			
Current M	ailing Addres	s:		New Mailing Address	:	
	H FEDERAL H ALE BEACH, F		US			
FEI Number:	: 34-2019652	FEI Numbe	r Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
100 SOUT	S, MARAGARIT. H FEDERAL H ALE BEACH, F	IGHWAY	US			
	named entity s e of Florida.	submits this	statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				ent	Date	
	ce with s. 607.193			ot receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MORFIDIS, MAF 100 SOUTH FEI HALLANDALE B	DERAL HIGHV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MORFIDIS, LAZ 100 SOUTH FEI HALLANDALE B	DERAL HIGHV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	T ()	Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARITA MORFIDIS PRES 05/11/2009