

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FL 32304-0001
50866918



07112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000131520			
1. Entity Name K.A.M. ENTERPRISE SERVICE, INC.			
Principal Place of Business 741 E 10 STREET HIALEAH, FL 33010		Mailing Address 741 E 10 STREET HIALEAH, FL 33010	
2. Principal Place of Business 2750 SW 193 Ter Suite, Apt. #, etc.		3. Mailing Address 2750 SW 193 Ter Suite, Apt. #, etc.	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33029	Country USA	Zip 33029	Country USA
4. FEI Number 20-1645356		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 FARINAS, MYRNA 741 E 10 STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARINAS, MYRNA 741 E 10 STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500059793515 09/20/05--01058--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
SIGNATURE: Myrna Farinas		07/2/05 305-805-9796	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	