

FROM :

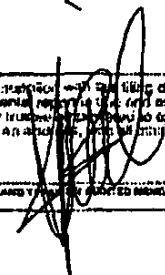
FAX NO. :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/c

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-06-2005 90091 024 ***150.00

DOCUMENT # P04000133668					
1. Entity Name K & M OF ORLANDO, INC.					
Principal Place of Business 4422 FLORA VISTA DR. ORLANDO, FL 32837 US			Mailing Address 4422 FLORA VISTA DR. ORLANDO, FL 32837 US		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201659766	
5. Certificate of Status Desired ☐				Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent ELKHATIB, RIAD 4422 FLORA VISTA DR. ORLANDO, FL 32837				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	ELKHATIB, RIAD	4422 FLORA VISTA DR.	ORLANDO, FL 32837		
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this report of supplemental reports 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 relative or trustee of such officer or director; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, filed with this report.					
SIGNATURE: 			Riad Elkhateib 422-85 321-945-702		

66022601



04302005 Chg-P CP2ED04 (10/03)

4. FEI Number 201659766 Applied For Not Applicable

5. Certificate of Status Desired [] Additional Fee Required \$8.75

SIGNATURE

Signature, agent or authorized officer or registered agent (and title of applicant)

(Subject to registration of agent signature recorded when returning)

DATE

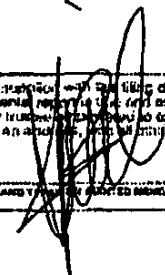
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	ELKHATIB, RIAD	4422 FLORA VISTA DR.	ORLANDO, FL 32837				

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SIGNATURE: 

SIGNATURE AND TITLE OF REGISTERED AGENT OR AUTHORIZED OFFICER OF THE CORPORATION

Riad Elkhateib

422-85 321-945-702