2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

	ANNU	AL REPORT		
DOCUMENT 1. Entity Name K & M OF ORLANI				
Principal Place of Business 4422 FLORA VISTA DR. ORLANDO, FL 32837	s US	Mailing Address 4422 FLORA VISTA DR. ORLANDO, FL 32837	IJS	
5112.1125, E 02001		3.12.1100,12 02001		



02212008	No Chg-P	CR2E034 (11/05)	

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1659766 Not Applied able

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of Current	Registered Age	nt

ELKHATIB, RIAD 4422 FLORA VISTA DR. ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

ORLANDO	J, FL 3203/			IN ⁻	THIS SPACE
the obligat	tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstaling)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees	U00000942826 05/29/08~80036~007 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	P ELKHATIB, RIAD 4422 FLORA VISTA DR. ORLANDO, FL 32837				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			· -	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 distinct the 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 adjusts, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Kiad ElKha:

03/01/2008

(321) 945 - 7025