2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135446

1. Entity Name
K.M.K. ENTERPRISES, INC

Principal Place of Business	Mailing Address
17511 NW 88 AVE MIAMI, FL 33018	17511 NW 88 AVE MIAMI, FL 33018

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1696853	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, LAUDE M
17511 NW 88 AVE
MIAMI, FL 33018

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

000000870230
04/09/08-20082-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PENA, LAUDE M
STREET ADDRESS	17511 NW 88 AVE
CITY-ST-ZIP	MIAMI, FL 33018

TITLE	VP
NAME	PENA, SILVIA Y
STREET ADDRESS	17511 NW 88 AVE
CITY-ST-ZIP	MIAMI, FL 33018

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 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 all other like empowered.

SIGNATURE: _Laude Miguel Pena_   3/24/08 -786-403 9170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #