## **FILED** Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90256 021 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION

		AN	NUAL	REPORT								
DOCUMENT # P04000152902								ı				
1. Entity Nam K C GILM		NTERPRIS	SES INC									
							151					
Principal Place of Business				Mailing Address								
8581 NW 3RD STREET → PEMBROKE PINES, FL: 33024				8581 NW 3RD ST PEMBROKE PINE				140098	30			
								1 1 <b>3 5</b> 14 <b>5 1</b> 110		2121 AZOL 21110 NO	<u> </u>	( <b>51</b> ) (( 1 <b>51</b> )
2. Principal Place of Business 57				3. Mailing Address 3 5				1 <b>52</b> 14 <b>56</b> 1111	BENN BIEN BENN BENN I		TO 1848 1848 AL	[[ <b>11]</b>   ][ <b>11]</b>
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02142005	Chg-P	CR2E0	34 (10/03)	
Pembroke Pinus FL			Pembro	1 150		2FEI Number	18554	69	F	oplied For of Applicable		
Zip 3	3024	Country	Carren	\$ 207 H	2 YINL	Towa	11		of Status Desired		\$8.75 Add	titional
6. Name and Address of Current Registered Agent								7. Name and	Address of New			
GILMORE, KEVIN L												
8581 NW 3RD STREET PEMBROKE PINES, FL 33024							dress (I	P.O. Box Numb	er is Not Acceptal	ole) ————		
·											Zip Cod	
The above named entity submits this statement for the number of changing its register.							egister	ed agent or bo	th in the State of I	FL Florida Lami	<u>-                                    </u>	
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.												
SIGNATURESignature, typed or printed name of registered egent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
			150.00 be \$550.0		d Contribution			ed to Fees				
10.	P	OF	FICERS AND		11.	—		ADDITIONS	CHANGES TO O	FICERS AND		
NAME .	GILMOR	E, KEVIN L		☐ Detet	NA NA	AE - }					☐ Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP	J	V 3RD STRE OKE PINES,				EET ADDRESS Y-ST-ZIP						
TITLE NAME				☐ Delet	e Titi	1					☐ Change	☐ Addition
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TITLE	<del> </del>		·	Delet		Y-ST-ZIP .E				<del></del> ·	☐ Change	[ ] Addition
NAME Street address	}				NAJ STR	AE Jeet Address						
CITY-ST-ZIP				<u></u>		Y-ST-ZIP		. <b></b>				
TITLE NAME	<u> </u>			☐ Delet	e TITI NAM						Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP						EET ADDRESS Y-ST-ZIP						
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NAME STREET ADDRESS	1				NAI	AE ]					C outride	
CITY-ST-ZIP		<del></del>			CIT	EET ADDRESS Y-ST-ZIP						!
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 a	ttachment with	an address, w	ith all other like empo	wered.	nou by Gridp	NGI DU/	, i iuliua siaiule	o, asicu unaciniy fia	ine appears il	TOTOCK TO OF	I BIOCK 11 IT
SIGNAT	URE:	SIGNATURE	AND TYPED OR PE	INTED HAME OF SIGNING	OFFICER OR DIREC	TOR .			4/2L	t/05	leytime Phone e	
J									1	,		3