2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90036 047 ***150.00

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1. Entity Name
KEN SHIN KAN OF FLORIDA, INC.

60007578

Principal Place of Business	Mailing Address
2072 SOUTH MILITARY TRAIL, STE. 1 WEST PALM BEACH, FL 33415	817 MANGO DRIVE WEST PALM BEACH, FL 33415

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3676 Collin Dr.	
Suite, Apt # etc: S. 12	Suite, Apt # etc
City & State: W. P. B.	City & State
Zip: 33406 Country: USA	Zip Country

4. FEI Number: 20-2009545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, MARIA E
817 MANGO DR.
WEST PALM BEACH, FL 33415

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 Maria E. Lopez DATE 1-24-06

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, MARIA E 817 MANGO RD WEST PALM BEACH, FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Maria E. Lopez 1-24-06 561-966-0598

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