2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 05, 2006 8:00 am Secretary of State **DOCUMENT # P05000010832** 09-05-2006 90022 001 ***150.00 1. Entity Name KAMS ENTERPRISES, INC. Principal Place of Business Mailing Address 60038286 5578 W FLAGLER ST 5578 W FLAGLER ST CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address 43 40 SW 4340 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 08142006 City & State City & State 4. FEI Number Applied For MIAMI 75 Z MIAMI Not Applicable Country US A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MXRIAM SUAREZ SUAREZ, MYRIAM Street Address (P.O. Box Number is Not Acceptable) 5578 W FLAGLER ST CORAL GABLES, FL 33134 4340 SW 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Channe nottibhA 🔲 NAME SUAREZ, MYRIAM NAME STREET ADDRESS STREET ADDRESS 4340 SW 2ND ST CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLÉ ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE П Сћапое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 perfort 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. SIGNATURE:

FILED