## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P05000024 K ENTERPRISES INC	1374				02-01-2006			50.00	
Dringingt Plac	a of Duniana			-			-01/	Ş		
Principal Plac		Mailing Address								
4743 NW 11		4743 NW 112 CT								
MIAMI, FL 3	31/8	MIAMI, FL 33178								
						11111 EUR EDAN ETAN ETA	 			
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112006	Chg-P	CR2E0	34 (11/05)		
City & State	le	City & State			4. FEI Numbe	IT E		Ap	plied For	
			•	į	70 - J3	348094		No	t Applicable	
Zip	Country	Zip	Country	Î	•	of Status Desired		\$8.75 Add	itional	
					J. Certificate	O Status Desired		Fee Required	t	
ļ	6. Name and Address of Curren	Registered Agent			7. Name and	Address of New R	egistered A	Agent		
FOUR VEDRY FLICING			Name	Name						
ECHEVERRY, ELKING 4743 NW 112 CT			Street Add	dress (P	O. Box Numbe	er is Not Acceptable	9)			
MIAMI, FL							·			
1			City			.=:	FL	Zip Code	•	
0 75								1 11 11		
	<ul> <li>named entity submits this statement f tions of registered agent.</li> </ul>	or the purpose of changing its	registered office or re	registere	a agent, or bot	n, in the State of Fig	orida. Tam i	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agen	Land tills if sonicable (NOTE	: Registered Agent signature	n remired w	uhan cainstating)		DATE			
	Signature, typed or printed name or registered agen	Tano sile il appacable. (NOTE	: Registered Agent signature	e tedored A	wnen (einstaung)		DATE			
• FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fir Trust Fund Contribution										
					00 May Be d to Fees					
		.00 Trust Fund Contr			d to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
After Ma	ay 1, 2006 Fee will be \$550	ODIRECTORS	ibution.		d to Fees	CHANGES TO OFF	ICERS AND			
After Ma	ay 1, 2006 Fee will be \$550 OFFICERS AND	.00 Trust Fund Contr	ibution.		d to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS  Change	S IN 11	
10.	OFFICERS AND	ODIRECTORS	11.		d to Fees	CHANGES TO OFF	ICERS AND			
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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.

CHY-ST-ZIP

La Ertenery of Attre and Typyd on Printed Hame of Signing Officer or Director

Daytime Phone #