## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043036

Entity Name: KAM ASSET MANAGEMENT CORP.

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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900 WEST 49TH STREET 900 WEST 49TH STREET

SUITE 430 SUITE 556

HIALEAH, FL 33012 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

900 WEST 49TH STREET 900 WEST 49TH STREET

SUITE 430\_ SUITE 556

HIALEAH, FL 33012 HIALEAH, FL 33012

FEI Number: 20-2541049 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VELAZQUEZ, JERRY
900 WEST 49TH STREET
SUITE 430
HIALEAH, FL 33012 US

BEITRA, RAYMOND R
900 WEST 49TH STREET
SUITE 556
HIALEAH, FL 33012 US

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.

SIGNATURE: RAYMOND R. BEITRA 02/01/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

HIALEAH, FL 33012

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PEREZ, KATHERINE
 Name:

 Address:
 900 WEST 49TH STREET SUITE 430
 Address:

City-St-Zip: HIALEAH, FL 33012 City-St-Zip:

Title: S ( ) Delete Title: VST (X) Change ( ) Addition Name: VELAZQUEZ, JERRY Name: BEITRA, RAYMOND

Name: VELAZQUEZ, JERKY Name: BETTRA, RAYMOND
Address: 900 WEST 49TH STREET SUITE 430 Address: 900 WEST 49TH STREET SUITE 556

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VELAZQUEZ, ALICIA
 Name:

 Address:
 900 WEST 49TH STREET SUITE 430
 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAYMOND R. BEITRA S 02/01/2006