

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044307

Entity Name: KALAR BANQUET HALL, INC.

FILED  
Feb 07, 2006  
Secretary of State

## Current Principal Place of Business:

1100 OPA-LOCKA BLVD  
OPA-LOCKA, FL 33054 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 693833  
MIAMI, FL 33269

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEURINOR, ANNA  
16209 SW 15 STREET  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLEURINOR, ANNA  
Address: 1100 OPA-LOCKA BLVD  
City-St-Zip: OPA-LOCK, FL 33054

Title: VP ( ) Delete  
Name: LEWIS, KEANE P  
Address: 1100 OPA-LOCKA BLVD  
City-St-Zip: OPA-LOCK, FL 33054

Title: T ( ) Delete  
Name: LEWIS, KINNARA R  
Address: 1100 OPA-LOCKA BLVD  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D ( ) Delete  
Name: LEWIS, LARRY L JR  
Address: 1100 OPA-LOCK BLVD  
City-St-Zip: OPA-LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ANNA FLEURINOR

P

02/07/2006

Electronic Signature of Signing Officer or Director

Date