2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# P05000044307

Entity Name: KALAR BANQUET HALL, INC.

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

Title: D (X) 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: V (X) Change ( ) Addition
Name: FLEURINOR, ANNA
Address: 1100 OPA-LOCKA
City-St-Zip: OPA-LOCKA BLVD, FL 33054

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 02/14/2007

Electronic Signature of Signing Officer or Director Date