

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

02-22-2006 90004 040 ***150.00

DOCUMENT # P05000076864					
1. Entity Name KC 2000 CORPORATION					
Principal Place of Business 444 NW 28 STREET MIAMI, FL 33127			Mailing Address 444 NW 28 STREET MIAMI, FL 33127		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3193399	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JAMHOUR, OASEM 444 NW 28 STREET MIAMI, FL 33127				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				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 _____ Signature, given in person when registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE _____					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.D.	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JAMHOUR, OASEM		NAME		
STREET ADDRESS	444 NW 28 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33127		CITY - ST - ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LARA, ALBA		NAME		
STREET ADDRESS	444 NW 28 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33127		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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 113, 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 recorder 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 filers empowered.					
SIGNATURE: <u>OASEM Jamhour</u>			Date: <u>2/17/06</u> 305-571-1199		
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR			Date		