2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

Days to Phone #

DOCUMENT # P05000132655 1. Entity Name KAI AND KAT INC										02-23-2000	6 90009 04	9 ***150	0.00
Principal Place of Business				Mailing Address									
2935 NW 68 STREET FORT LAUDERDALE, FL 33309				2935 NW 68 STREET Fort Lauderdale, FL 33309									178 Q. 11 18 Q.
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #. etc.				Suite, Apt, #, etc.					02082006	Chg-P	CR2E0	34 (11/05)	
City & State					ty & State				4. FEI Numbi 20 - 3	560913	<u> </u>		oplied For ot Applicable
Zio	Country			Zic		ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	-6Name	and Address	of Current I	Register	red Agent -	- 7. Name and Address of New Registered Agent							
COOPER, NIWAT							Name						
2935 NW 68 STREET FORT LAUDERDALE, FL 33309					•		Street Addre	ess (P.0	O. Box Number	er is Not Accepta	ıb'e)		
							City				FL	Zio Code	e e
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.	•••	er asaled avec et											
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FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. E'ection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10. OFFICERS AND DIE					ORS	11			ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTORS	S IN 11
TITLE	D COORED NIIMAT				☐ Delete	.[☐ Change	Addition	
NAME STREET ADDRESS	COOPER, NIWAT SS 2935 NW 68 STREET					AC EET ADDRESS							
CITY-ST-ZIP		JDERDALE,	FL 33309			CIT	Y-ST-ZIP						
TITLE					☐ Delete	7171	.E					☐ Change	Addition
NAME CORREST ADDRESS						NAI	-						
STREET ADDRESS : CITY - ST - ZIP	-						EET ADDRESS Y-ST-ZIP						
TITLE					☐ Delete	TITI MAI						Change	Addition
STREET ADDRESS							EET ADDRESS						
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TITLE					☐ October	THT						☐ Change	Addition
NAME STREET ADDRESS						NAI STE	AE EET ADDRESS						
CITY+ST-ZIP							1+31-21P						
TITLE					☐ Delete	1171	.E		·········			Change	☐ Addition
MAME	ļ					NAI							
STREET ADDRESS CITY-ST-ZIP							EET ADDRESS Y-ST-ZIP						
TIFLE					☐ Delate	Titt	-					Change	Addition
NAME						. NAI							
STREET ADDRESS CITY+ST-ZIP							EET ADDRESS Y-ST-ZIP						
	Pertify that the	informations	unalled with	this filin	in does not auglib		k	ained ir	Chapter Ltf	Fiorida Stabile	e I further neet	thy that the '-	ntormation.
indicated of the cor	12. Thereby 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 the empowered. **RESI RENT**												
SIGNAT	URE: >	N	لن	Z	-		PAT COOPE	ER_	:	2115/06	(954)	771-	7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR