## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

Fee Required

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1. Entity Name KAI AND KAT INC



Principal Place of Business

Mailing Address

2935 NW 68 STREET FORT LAUDERDALE, FL 33309 2935 NW 68 STREET FORT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

01102007	No Crig-P	CR2E034 (11/05)				
4. FEI Number			Applied For			
20-35609	13		Not Applicabl			
5. Certificate of :	Status Desired		\$8.75 Additional			

6. Name and Address of Current Registered Agent

COOPER, NIWAT 2935 NW 68 STREET FORT LAUDERDALE, FL 33309

## DO NOT WRITE IN THIS SPACE

FORT LAL	JDERDALE, FL 33309		IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a	accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	If applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE	_	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000588119 01/17/07-80059-023 150.0	)0	
10.	OFFICERS AND DIREC	CTORS			<del> </del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, NIWAT 2935 NW 68 STREET FORT LAUDERDALE, FL 33309						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME Street Address City-St-Zip			DO NOT WRITE				
TITLE Name Street address City-SI-Zip				IN '	THIS SPACE		
NAME Street address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions cor	ntained in Chapter 119	9, Florida Statutes. I further certify that the information	ation	

12. I hereby certify that the information supplied with this filling 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 direction 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 like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41107

954-336-381

Daytime Phone #