
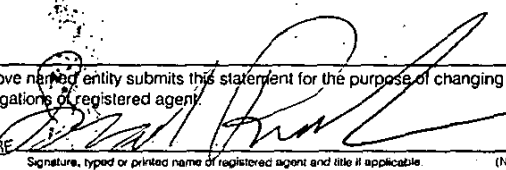
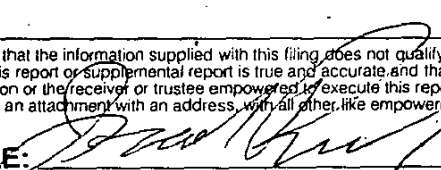


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90002 017 ***550.00

DOCUMENT # P05000150775 1. Entity Name KAYDEN ENTERPRISES, INC.					
Principal Place of Business 600 THREE ISLAND BLVD. HALLANDALE, FL 33009			Mailing Address 600 THREE ISLAND BLVD. HALLANDALE, FL 33009		
2. Principal Place of Business 600 THREE ISLANDS BLVD Suite, Apt. #, etc. 1022		3. Mailing Address 600 THREE ISLANDS BLVD Suite, Apt. #, etc. 1022			
City & State HALLANDALE FL		City & State HALLANDALE FL		4. FEI Number 20-3874250	
Zip 33009		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBINSTEIN, ISRAEL 600 THREE ISLAND BLVD. #1022 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  ISRAEL RUBINSTEIN 8/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUBINSTEIN, ISRAEL 600 THREE ISLAND BLVD. HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 like empowered.					
SIGNATURE:  ISRAEL RUBINSTEIN 8/29/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			954-454-4534 <small>Telephone Number</small>		