## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 09, 2008 8:00 am Secretary of State

DOCUMENT # P06000030939  1. Entity Name KM CONSULTING, INC.					07-09-2008 90019 048 ***150.00			
Principal Place 8929 NW 53 SUNRISE, FL	RD STREET	Mailing Address 8929 NW 53RD STREET SUNRISE, FL 33351	1			70100	, , , , ,	
2 Principal P	face of Business - No P.O. Box #	3. Mailing Address						
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Ħ,	207	# 207			07052008	Chg-P	CR2E034 (12/06)	
	Aududace, PC	City & State	die	FL	4. FEI Numbe 20-420		<b>—</b>	pplied For ot Applicable
33300	Country	Zir 3330	ountry 78		5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of New R	Registered Agent	
MENDOZA, FRANCISCO A								
8929 NW S SUNRISE,	•		Street Address (P.O. Box Number is I			UIL W	on #2	67
			City	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or	registere	ed agent, or bot	h, in the State of Flo	orida. I am familiar with	and accept
.SIGNATURE_								<del></del>
<u>. 1</u>	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regin	stered Agent signatu	re required	when reinstating)		DATE	
	LE NOW!!! FEE IS \$150.00	9 Strates Compaign El			!			
Di	ue by September 12, 2008	Election Campaign Fl     Trust Fund Contribution			00 May Be ed to Fees	In accordance v corporation did	with s. 607.193(2)(b), I not receive the prior	F.S., the notice.
10.	ue by September 12, 2008 OFFICERS AND I	Trust Fund Contribution			ed to Fees	corporation did	with s. 607.193(2)(b), I not receive the prior FICERS AND DIRECTOR	notice.
10.	OFFICERS AND I	Trust Fund Contribution	11.	Adde	ADDITIONS/	corporation did	I not receive the prior FICERS AND DIRECTOR Change	notice.
10.	ue by September 12, 2008 OFFICERS AND I	Trust Fund Contribution	on.   11.	Adde	ADDITIONS/	corporation did	I not receive the prior FICERS AND DIRECTOR Change	notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I  PVST MENDOZA, FRANCISCO A 8929 NW 53RD STREET SUNRISE, FL 33354	Trust Fund Contribution	On.   11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Adde	ADDITIONS/	corporation did	I not receive the prior FICERS AND DIRECTOR Change	notice. IS IN 11  Addition
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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 of truestee employed of 60 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2008

934-492-9703

Daytime Phone #