

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-09-2008 90019 048 ***150.00

DOCUMENT # P06000030939

1. Entity Name
KM CONSULTING, INC.



Principal Place of Business
8929 NW 53RD STREET
SUNRISE, FL 33351

Mailing Address
8929 NW 53RD STREET
SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #
4770 Bayview Dr

3. Mailing Address
4770 Bayview Dr

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

FT Lauderdale, FL

City & State

FT Lauderdale FL

Zip

33308

Country

Zip

33308

Country

07052008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4202412

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, FRANCISCO A
8929 NW STREET
SUNRISE, FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

4770 Bayview Dr # 207

City

FT Lauderdale

FL

Zip Code

33308

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME MENDOZA, FRANCISCO A ☐ Delete
STREET ADDRESS 8929 NW 53RD STREET
CITY-ST-ZIP SUNRISE, FL 33351

TITLE D
NAME MENDOZA, FRANCISCO A ☐ Delete
STREET ADDRESS 8929 NW 53RD STREET
CITY-ST-ZIP SUNRISE, FL 33351

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4770 Bayview Dr # 207
CITY-ST-ZIP FT Lauderdale, FL 33308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4770 Bayview Dr # 207
CITY-ST-ZIP FT Lauderdale, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2008

Date

934-492-9703

Daytime Phone #