

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000036950

Entity Name: KSAKG CORPORATION

FILED  
Jan 31, 2009  
Secretary of State

## Current Principal Place of Business:

2443 TAYLOR ST., #6  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

6101 PIERCE STREET  
3  
HOLLYWOOD, FL 33024

## Current Mailing Address:

2443 TAYLOR ST., #6  
HOLLYWOOD, FL 33020

## New Mailing Address:

6101 PIERCE STREET  
3  
HOLLYWOOD, FL 33024

FEI Number: 01-0860309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST. AMOUR, KENZE  
2443 TAYLOR ST., #6  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

ST. AMOUR, KENZE  
6101 PIERCE STREET  
3  
HOLLYWOOD, FL 33024 US

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.

SIGNATURE: KENZE ST. AMOUR

01/31/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ST. AMOUR, KENZE  
Address: 2443 TAYLOR ST., #6  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPOO (X) Delete  
Name: CARPENELLA, JOSEPH  
Address: 436 NORTH 28 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33026

Title: VPOM (X) Delete  
Name: GABRIEL, KIVIN  
Address: 2443 TAYLOR STREET, #6  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: ST. AMOUR, KENZE  
Address: 6101 PIERCE STREET #3  
City-St-Zip: HOLLYWOOD, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENZE ST. AMOUR

PSTD

01/31/2009

Electronic Signature of Signing Officer or Director

Date