


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90178 012 ***150.00

DOCUMENT # P06000072839 1. Entity Name KEMBEAT OVERSEAS INVESTMENTS PA			
Principal Place of Business 801 BRICKELL BAY DR APT 561 MIAMI, FL 33131 US		Mailing Address 801 BRICKELL BAY DR APT 561 MIAMI, FL 33131 US	
2. Principal Place of Business - No P.O. Box # 1152 N UNIVERSITY DR STE 301		3. Mailing Address 1152 N UNIVERSITY DR STE 301	
Suite, Apt. #, etc. STE 301		Suite, Apt. #, etc. STE 301	
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL	
Zip 33024		Zip 33024	
Country US.		Country US	
4. FEI Number 20-4957002		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAJRAJ, MOHAMED K 801 BRICKELL BAY DR APT 561 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name LEARY MULLINGS Street Address (P.O. Box Number is Not Acceptable) 1152 N UNIVERSITY DR STE 301 City PEMBROKE PINES FL Zip Code 33024	
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 <u>LEARY MULLINGS</u> DATE 4/24/07 <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 \$150.00 After May 1, 2007, Fee will be \$550.00		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	P GAJRAJ, MOHAMED K 801 BRICKELL BAY DR APT 561 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAJRAJ, MOHAMED K 848 BRICKELL KEY DRIVE APT 1205 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAJRAJ, MOHAMED H 801 BRICKELL BAY DR APT 561 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAJRAJ, MOHAMED H 848 BRICKELL KEY DRIVE APT 1205 MIAMI FL 33131 <input checked="" 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: <u>LEARY MULLINGS</u> DATE 4/24/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			