

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085373

Entity Name: RADIO KALBAS, INC.

FILED  
Jan 30, 2008  
Secretary of State

## Current Principal Place of Business:

1190 NE 125 STREET  
40  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

P.O BOX 880025  
PORT SAINT LUCIE, FL 34988

## Current Mailing Address:

1190 NE 125 STREET  
40  
NORTH MIAMI, FL 33161

## New Mailing Address:

P.O BOX 880025  
PORT SAINT LUCIE, FL 34988

FEI Number: 20-5107438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANDOIT, HIRAM O  
4690 LIPSCOMB ST  
6F  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JEAN-LOUIS, WILLIAM  
Address: 1190 NE 125 STREET SUITE 40  
City-St-Zip: NORTH MIAMI, FL 33161

Title: S ( ) Delete  
Name: CHAUVET, MARIE R  
Address: 1190 NE 125 STREET SUITE 40  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: EVENS, CHAUVET  
Address: 1190 NE 125 STREET SUITE 40  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JEAN-LOUIS, WILLIAM  
Address: P.O BOX 880025  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: S (X) Change ( ) Addition  
Name: CHAUVET, MARIE R  
Address: P.O BOX 880025  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: VP (X) Change ( ) Addition  
Name: MAGDALIE, DESCOPIN  
Address: P.O BOX 880025  
City-St-Zip: PORT SAINT LUCIE, FL 34988

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: WILLIAM JEAN LOUIS

P

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date