

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90226 035 ***150.00

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04202007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000085674 1. Entity Name KAIS INVESTMENT REALTY GROUP, INC.					
Principal Place of Business 2086 BOREALIS WAY WESTON, FL 33327 US			Mailing Address 2086 BOREALIS WAY WESTON, FL 33327 US		
2. Principal Place of Business - No P.O. Box 19518 S Whitewater Ave Suite, Apt. #, etc.		3. Mailing Address 19518 S Whitewater Ave Suite, Apt. #, etc.			
City & State Weston, FL Zip 33332		City & State Weston, FL Zip 33332		4. FEI Number 20-5102824	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMADOR, MARISOL 2086 BOREALIS WAY WESTON, FL 33327				7. Name and Address of New Registered Agent Name Amador, Marisol Street Address (P.O. Box Number is Not Acceptable) 19518 S Whitewater Avenue City Weston FL Zip Code 33332	
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></u> (President) DATE <u>4/17/07</u> <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 AMADOR, MARISOL 2086 BOREALIS WAY WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORIANO, RICARDO 2086 BOREALIS WAY WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President Date <u>4/17/07</u> Daytime Phone # <u>954-663-2167</u>		