## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2007 8:00 am Secretary of State 02-22-2007 90026 031 \*\*\*150.00

| 1. Entity Name KENMAR PROPERTY HOLDINGS, INC.   |   |   |                     |                                       |                             |   |             |                               | 02-22-2             | 007 2          | 0020 0.   |   | 0.00                       |
|---|---|---|---------------------|---------------------------------------|-----------------------------|---|-------------|-------------------------------|---------------------|----------------|-----------|---|----------------------------|
| #242 #242   |   |   |                     |                                       | NOB HILL ROAD ION, FL 33322 |   |             |                               | 23  2 3     23    4 | 1131 MB3 W4 11 |           |   |                            |
| 2. Principal P  | lace of Busin   | 3. Mailing Address  |                     |                                       |                             |   |             |                               |                     |                |           |   |                            |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc. |                                       |                             |   |             | 03062007                      | Chg-P               |                | CR2E0     | 34 (12/06)  |                            |
| City & State  |   |   | City & State        |                                       |                             |   |             | 4. FEI Numb<br>えの Ss          | er<br>5 17065       |                |           | _ <del>                                    </del> | plied For<br>at Applicable |
| Zip   | Zip Country   |   | Žip                 |                                       |                             |   |             | Certificate of Status Desired |                     |                |           |   |                            |
| Name and Address of Current Registered Agent  |   |   |                     |                                       |                             |   |             | 7. Name and                   | Address of N        | lew Reg        | istered A | gent  |                            |
| PRINCE A. DONNAHOE IV, P.A.<br>1333 S. UNIVERSITY DRIVE<br>SUITE 210<br>PLANTATION, FL 33324  |   |   |                     |                                       |                             | Name Street Address (P.O. Box Number is Not Acceptable) |             |                               |                     |                |           |   |                            |
|   |   | City  |                     |                                       |                             |   | FL          | Zip Cod                       | е                   |                |           |   |                            |
| 8. The above named strikty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (am familier with, and accept the obligations of registered agent.  SIGNATURE  Signature tendered Agent signature required when renstating)  DATE |   |   |                     |                                       |                             |   |             |                               |                     |                |           |   |                            |
| After Ma  | E NOW!!!<br>ay 1, 2007  | FEE IS \$150.00<br>7 Fee will be \$550.   | 00                  | 9. Election Campai<br>Trust Fund Cont | ribution.                   | nc <del>i</del> ng -                                    |             | .00 May Be<br>ed to Fees      |                     |                |           |   |                            |
| 10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | P,D<br>STITSKY,<br>10538 CO<br>BOYNTO                                   | Delete  |                     | i i                                   |                             | ADDITIONS   | /CHANGES TO | OFFICI                        | ERS AND             | ☐ Change       | S IN 11   |   |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                     |                                       |                             | T .   |             |                               |                     |                |           | ☐ Change  | Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ST XQelete IIII LEVINSON, KENNETH B NAP 1844 N. NOB HILL ROAD, #242 SIR |   |                     |                                       |                             |   |             |                               |                     |                |           | Change  | ☐ Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                     | □ Delete                              |                             |   |             |                               |                     |                |           | ☐ Change  | Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | ·                   | ☐ Delete                              | 1                           |   |             |                               |                     |                |           | ☐ Change  | ☐ Addilion                 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |   |   |                     | ☐ Delete                              |                             | I .   |             |                               |                     |                |           | ☐ Change  | Addition                   |
| I indicated   | on this repor   | e information supplied will<br>rt or supplemental report in<br>the receiver or trustee emp<br>achment with abaddress, | s true and .        | accurate and that r                   | ny siona                    | ture shall have   | e the s     | same legal effe               | ct as if made u     | nder oal       | h that La | m an officer                                      | or director                |

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 2/22/2007-90026-031-\$150.00-\$150.00 DOCUMENT & P06000117441 ATTACHMENT KENMAR PROPERTY HOLDINGS, INC. 66004990 Principal Place of Business Mailing Address 1844 N. NOB HILL ROAD 1844 N. NOB HILL ROAD PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address Suito, Apt. #, olc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 20.55 1706 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRINCE A. DONNAHOE IV, P.A. 1333 S. UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 210 **PLANTATION FL 33324** City Zip Code 8. The above named entity submits this statement for the purpose of earnging 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 (NOTE: Fegisteria Agent signatura requirad when remistancy) FILE NOWH! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be fter May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LL HIE. Deleic titic Addition ☐ Change STITSKY, MARSHALL P NAMI NAM 10538 COPPER LAKE DRIVE STREET E ADDRAISS STREET ADDRESS **BOYNTON BEACH FL 33437** CHY SL 7P CHY SI ZIP VP.D uni Delete ☐ Change ☐ Addition LEVINSON, KENNETH B NAM NAME 1844 N. NOB HILL ROAD, #242 STRULT ADDRESS SHEET ADDRESS PLANTATION FL 33322 CHY-SL /IP CHY SE 7/P uni HID. ☐ Change Addition FEATUREN HERINETH B. MAMI 1844 N. NOB HILL ROAD, #242 STREET ADDRESS STREET ADDRESS PEANTATION FE-93322 CITY ST-7P OITY SE ZIP Delete THIE HHAF ☐ Chance ☐ Addition NAMI STHELL ADDRESS STREET ADDRESS CHY SI-7P CHY ST ZIP 11011 ☐ Delete 14116 Change Addition NAM STOLET ADDRESS SIBILLI ADDOLSS CITY-SI-7IP CITY ST ZIP 11611 Delete Addition NAME MAM STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY SI ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 tegal effect as if made under eath; 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 BIGNING OFFICER OR DIRECTOR