

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90022 007 ***150.00

DOCUMENT # 006000135541
1. Entity Name KISSOON'S BROKERAGE
INC



DO NOT WRITE IN THIS SPACE

✓
40031293

2. Principal Place of Business Home - 077166
Suite, Apt. #, etc. 3403 - E HANNA AVE
City & State TAMPA FL
Zip 33610 Country USA

3. Mailing Address 3403 E HANNA AVE
Suite, Apt. #, etc.
City & State TAMPA FLORIDA
Zip 33610 Country U.S.A

CR2E034B (8/05)

4. FEI Number 14-1981725
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name YASWANT KISSOON
Street Address (P.O. Box Number is Not Acceptable) 3403 E HANNA AVE
City TAMPA FL Zip Code 33610

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 YASWANT KISSOON 3-1-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>YASWANT KISSOON</u> <u>3403 E HANNA AVE</u> <u>TAMPA FL 33610</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE YASWANT KISSOON 3-1-2007-813 244 5648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #