## FILED Mar 10, 2008 8:00 am Secretary of State 02-06-2008 90021 025 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P0600013554	1		02-06-2008 90021 025 ****150.00
KISSOOI	N'S BROKERAGE, INC.			
Principal Place of Business Mailing Address 3403 EAST HANNA AVENUE TAMPA, FL 33610 TAMPA, FL 33610			•	66003112
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DO NOT WRITE IN THIS SPACE			CE	01282008 No Chg-P CR2E034 (11/05)  4. FEI Number   Applied For
			- 4 -	14-1981725 Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent		
KISSOON, YASWANT 3403 EAST HANNA AVENUE				DO NOT WRITE
TAMPA, F	L 33610			IN THIS SPACE
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 Signeaure, typed or printed name of registered agains and title if applicable (NOTE: Registered Agens signature inquired when reinstating)  DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees
10.	OFFICERS AND DIRE	CTORS		
TITLE	P			;
NAME STREET ADDRESS	KISSOON, YASWANT 3403 EAST HANNA AVENUE			
CITY-ST-ZIP	TAMPA, FL 33610			
TITLE				المرابي ويتعجب الشرواء ويهيون الرابيسية أوارج
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE	ĺ			
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME				IN THIS SPACE
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TITLE				1
NAME STREET ADDRESS CITY-ST-ZIP			<b>V</b> 2	
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HAME STREET ADDRESS CITY-ST-ZIP		$\Delta L^{\prime}$		
12. Thereby cartify 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 acceptate and that my signature shall have the same legal effect as if made under early; 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 OA PRINTED NAME OF BICHING OFFICER OR DIRECTOR Duris Duris Duris Duris Duris Phone 4				