

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90009 049 ***158.75

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01292007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000138697 1. Entity Name KS INTERNATIONAL IMPORT & EXPORT CORP.																											
Principal Place of Business 2701 GRIFFIN ROAD FT. LAUDERDALE, FL 33312		Mailing Address 2701 GRIFFIN ROAD FT. LAUDERDALE, FL 33312																									
2. Principal Place of Business - No P.O. Box # 9710 STERLING RD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 9710 STERLING RD <small>Suite, Apt. #, etc.</small>																									
STE. # 110 <small>City & State</small> COOPER CITY, FLORIDA <small>Zip Country</small> 33024 US		STE. # 110 <small>City & State</small> COOPER CITY, FLORIDA <small>Zip Country</small> 33024 US																									
4. FEI Number 51-0609770		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SANQUIST, KARIN 1110 LIDFLOWER STREET HOLLYWOOD, FL 33019																									
7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		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>Karin Sandqvist</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SANQUIST, KARIN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1110 LIDFLOWER STREET</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">HOLLYWOOD, FL 33019</td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	SANQUIST, KARIN		STREET ADDRESS	1110 LIDFLOWER STREET		CITY - ST - ZIP	HOLLYWOOD, FL 33019		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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>Karin Sandqvist</u> <u>President</u> <u>03/20/07</u> <u>(954) 437-7787</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											