


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90022 037 ***150.00

DOCUMENT # P07000060538					
1. Entity Name KM WORKS, INCORPORATED					
Principal Place of Business 17582 BOCAIRE WAY BOCA RATON, FL 33487			Mailing Address 17582 BOCAIRE WAY BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0331723	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ENGELHARD, SHELDON ESQ. 7900 GLADES ROAD SUITE 330 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			P/T/S WAYNE E. KRAFT 100 W. 57TH ST. H 17E NEW YORK, NY 10019		
			ORLANDO MENDOZA 223 W. 10TH ST. #4A NEW YORK, NY 10014		
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>WAYNE E. KRAFT</u>			3/8/08 (212) 764-1234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		