

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000003587

1. Entity Name

K & S PRIDE, INC.



Principal Place of Business

3820 LOMBARDY ST.
HOLLYWOOD FL 33021

Mailing Address

3820 LOMBARDY ST.
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0799082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAUL, LEVY
3820 LOMBARDY ST.
HOLLYWOOD FL 33021

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 *Shaul Levy*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME SHAUL, LEVY
STREET ADDRESS 3820 LOMBARDY ST.
CITY- ST- ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP 000000200516
01/28/05-80022-018 150.00

TITLE VPS
NAME SHAUL, KIARA
STREET ADDRESS 3820 LOMBARDY ST.
CITY- ST- ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAUL LEVY

Date

Daytime Phone #

1-25-05 954-9624429