Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000015057

1. Corporation Name

23

24

KIMBERLEY TRADING CORP.

BALDOR, BERTA C

1406 S STATE RD

Principal Place of Business	Mailing Address
iog s star RD 7 Ollywood FL 33023 S	2292 SOUTH S.R. 7 MIRAMAR FL 33023
2. Principal Place of Business	2a. Mailing Address 26 1406 So ST Fd # 7
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 /406 So ST Rd # 7 Suite, Apt. #, etc.
1	

9. Name and Address of Current Registered Agent

Election Campaign Financing City & State Follywood Trust Fund Contribution Country 8. This corporation owes the current year Intangible Personal Property Tax. 25

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90119 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10. Name and Address of New Registered Agent

02/22/1993 4. FEI Number

65-0407072

Street Address (P.O. Box Number is Not Acceptable)

HOLLYWOOD FL 33023		83					}			
	·		84	City		FL	85 Zip C			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHAI	NGES TO OFFICERS AN	D DIRECTO	RS IN 12		
TITLE	ST	DELETE	1.1 TITLE				☐ Change	☐ Addition		
NAME	BERTA C. BALDOR,	•	1.2 NAME							
STREET ADDRESS	3600 S.W. 139TH AVE.		1.3 STREET	ADDRESS						
CITY-ST-ZIP	MIRAMAR FL 33027		1.4 CITY-ST	-ZIP	·					
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition		
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET	ADDRESS						
CITY-ST-ZIP			2. 4 CITY-S	r-ziP						
TITLE _	-	☐ DELETE	3.1 TITLE	1		~	☐ Change	Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS	·					
CITY-ST-ZIP			3.4. CITY-S	T-ZiP						
TITLE .		☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME			4,2 NAME	1				1		
STREET ADDRESS			4.3 STREET	ADDRESS				}		
CITY-ST-ZIP		****	4.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TITLE				Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST	-ZIP	<u> </u>					
πιε		☐ DELETE	6.1 TITLE	- 1			Change	☐ Addition		
NAME			6.2 NAME	. [Į		
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-ST							
44 Lhoroby C	ertify that the information supplied with t	hie filing does not qualify for th	ne evemnti	on stated	in Section 119 (17(3)(i), Floi	nda Statutes. I further cer	uv that the II	normation		

81 Name

Indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or or an attackment with an address, with all other like empowered.

SIGNATURE:

HE REQUIBERTAC BALDIR