


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90032 015 \*\*\*150.00

DOCUMENT # P93000050326	
1. Entity Name <b>KEMO ENTERPRISES, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**66420766**

2. Principal Place of Business <b>560 LAVERS CIRCLE</b> Suite, Apt. #, etc. <b># 144</b> City & State <b>DELRAY BEACH, FL</b>	3. Mailing Address <b>24 21ST AVENUE</b> Suite, Apt. #, etc. City & State <b>ISLE OF PALMS, SC</b> Zip <b>29451</b> Country <b>USA</b>
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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-0424365</b>	Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent	
	Name <b>ENISE MOTO</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>660 UNION BLVD, SUITE 207</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33444</b>	

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 **E. Moto** DATE **5/5/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P. MOTO, KEMAL 24 21ST AVENUE ISLE OF PALMS, SC 29451</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V. MOTO ENISE 24 21ST AVENUE ISLE OF PALMS, SC 29451</b>	TITLE 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **E. Moto** DATE **5/5/04** (561) 998-7047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)