2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000068269

1. Entity Name
K F K ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% FRANK KUNZIG	% FRANK KUNZIG
5580 N.E. 33 AVENUE	5580 N.E. 33 AVENUE
FT LAUDERDALE, FL 33308	FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0435664	Not Applicable

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

6. Name and Address of Current Registered Agent

KUNZIG, FRANK
5580 N.E. 33 AVENUE
FT. AUDERDALE, FL 33308

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000805146 02/05/08-80097-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KUNZIG, FRANK
STREET ADDRESS	5580 NE 33 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

TITLE	S
NAME	KUNZIG, FRANK
STREET ADDRESS	5580 N.E. 33 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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 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 of 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: _____   1-29-08   954-229-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #