


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVE
AND
FILED

06 APR 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK

DOCUMENT # P93000070470					
1. Entity Name K.V. MARK IMPORTS, INC.					
Principal Place of Business 5220 NW 72ND AVE MIAMI, FL 33166			Mailing Address 5220 NW 72ND AVE MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0445167	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOLSKI JR, STEPHEN J 2600 DOUGLAS RD STE 1109 CORAL GABLES, FL 33134-6143			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	PD PENA, CARLOS AGUIRRE 104 Y MALECON GUAYAQUIL, ECUADOR, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500072734155 04/28/06--01032--020 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRERA, JENNY 5220 NW 72ND AVENUE UNIT 25 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAVINOVICH, JUAN C 5220 NW 72ND AVENUE UNIT 25 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUAREZ, JENNY E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 N.W. 72ND AVE. UNIT 25 MIAMI, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, CARLOS AGUIRRE 104 Y MALECON GUAYAQUIL, ECUADOR, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Jenny Carrera</i>		JENNY CARRERA		4/07/06 (305) 593-0669	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	