

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90093 011 \*\*\*150.00

**DOCUMENT # P93000070470**  
 1. Entity Name  
 K.V. MARK IMPORTS, INC.



Principal Place of Business      Mailing Address  
 5220 NW 72ND AVE      5220 NW 72ND AVE  
 MIAMI, FL 33166      MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40073190



0120207      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 65-0445167      Not Applicable

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

6. Name and Address of Current Registered Agent

KOLSKI, STEPHEN J JR  
 2600 DOUGLAS RD STE 1109  
 CORAL GABLES, FL 33134-6143

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**      9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**      **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD <input type="checkbox"/> Delete NAME PENNA, CARLOS STREET ADDRESS AGUIRRE 104 Y MALECON CITY-ST-ZIP GUAYAQUIL, ECUADOR,	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PENNA, CARLOS STREET ADDRESS 5220 NW 72ND AVENUE, UNIT 25 CITY-ST-ZIP MIAMI, FL 33166
TITLE V <input type="checkbox"/> Delete NAME CARRERA, JENNY STREET ADDRESS 5220 NW 72ND AVENUE, UNIT 25 CITY-ST-ZIP MIAMI, FL 33166	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST <input type="checkbox"/> Delete NAME SUAREZ, JENNY E STREET ADDRESS 5220 NW 72ND AVENUE, UNIT 25 CITY-ST-ZIP MIAMI, FL 33166	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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: Jenny E. Suarez      JENNY E. SUAREZ      04-12-07      (305)593-0669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #