

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0445167

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PENA, CARLOS
STREET ADDRESS	5220 NW 72ND AVENUE UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	V
NAME	CARRERA, JENNY
STREET ADDRESS	5220 NW 72ND AVENUE, UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	ST
NAME	SUAREZ, JENNY E
STREET ADDRESS	5220 NW 72ND AVENUE, UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80045-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNY E. SUAREZ

04-04-08

(305) 593-0669

Date

Daytime Phone #