

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 021 \*\*\*150.00

**DOCUMENT # P94000030103**

1. Entity Name  
**KIEFER INVESTMENTS, INC.**



Principal Place of Business  
**2319 N ANDREWS AVE  
FT LAUDERDALE, FL 33311**

Mailing Address  
**2319 N ANDREWS AVE  
FT LAUDERDALE, FL 33311**

**40033656**



2. Principal Place of Business - No P.O. Box #  
**3050 NE 47th COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**3050 NE 47th COURT**  
Suite, Apt. #, etc.

03032007 Chg-P CR2E034 (12/06)

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number  
**65-0484120**

Applied For  
☐ Not Applicable

Zip  
**33308**

Country  
**United States**

Zip  
**33308**

Country  
**United States**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYALE MANAGEMENT SERVICES, INC.  
2319 N ANDREWS AVE  
FT LAUDERDALE, FL 33311**

Name **Georg Kiefer**

Street Address (P.O. Box Number is Not Acceptable)

**3050 NE 47th COURT**

City **Fort Lauderdale**

FL

Zip Code **33308**

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

**03-08-2007**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
KIEFER, GEORG  
3050 NE 47TH CT  
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
FUELLENBACH-KIEFER, CRISTEL  
3050 NE 47TH CT  
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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TITLE  
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03-08-2007 954 3510631**