


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -5 AM 8:00

DOCUMENT # P94000043265	
1. Entity Name KEMP SERVICES INC.	

Principal Place of Business 2111 SW 60 WAY MIRAMAR, FL 33023	Mailing Address P.O. BOX 471614 MIAMI, FL 33247
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



08022004	Chg-P	CR2E034 (10/03)	<i>MRD</i>
4. FEI Number 65-0393600	Applied For	Not Applicable	
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
TOYE, JAY 1031 IVES DAIRY RD MIAMI, FL 33169	Name <i>Joe Faluade</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>2111 SW 60 Way</i>
	City <i>Miramar</i> FL Zip Code <i>33023</i>

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 *Joseph Faluade* DATE *7/29/04*

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADE, A A 2111 SW 60 WAY MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>APD Faluade, Joe</i> <i>2111 SW 60 Way</i> <i>Miramar FL 33023</i> <input type="checkbox"/> Change <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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: *Joseph Faluade* DATE *7/29/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR