2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 AM **DOCUMENT # P94000044371** 1. Entity Name **Secretary of State** K.D.M. ENTERPRISES, INC. Principal Place of Business Mailing Adoress 3553 NW 61 ST. CIRCLE BOCA RATON FL 33496 3553 NW 61 ST. CIRCLE **BOCA RATON FL 33496** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0504951 Not Applicable Zin Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINKIN, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 3553 NW 61ST, CIRCLE **BOCA RATON FL 33496** City 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 Signature, typod or crinited hæme of rug stored agent and title if anplicable. (NOTE: Registered Apart a grapture required when reinstatical DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE Delete TITLE ☐ Change ☐ Addition MINKIN, KENNETH D NAME NAME STREET ADDRESS 3553 NW CLUBSIDE CIRCLE STREET ADDRESS U000000807482 **BOCA RATON FL 33496** CITY-ST-ZIZ CITY-ST-7IP /08-80010-011 150.00 TITLE ☐ De-ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HELE TITLE ☐ De-cte ☐ Change Addition [NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

SNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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