


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 037 ***150.00

DOCUMENT # P94000079864 1. Entity Name KTS OF SOUTH FLORIDA, INC.																															
Principal Place of Business 4750 N. DIXIE HWY. #16 FT. LAUDERDALE FL 33334		Mailing Address 4750 N. DIXIE HWY. #16 FT. LAUDERDALE FL 33334																													
2. Principal Place of Business 5601 Powerline Rd.		3. Mailing Address 5601 Powerline Rd.																													
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100																													
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL																													
Zip 33309		Zip 33309																													
Country USA		Country USA																													
4. FEI Number 65-0530989																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent DANIELS, MARC 4750 N. DIXIE HWY. SUITE #16 FT. LAUDERDALE FL 33334		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 <i>[Signature]</i> <i>[Signature]</i> 8/1/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> P <input type="checkbox"/> Delete DANIELS, MARC 4750 N DIXIE HIGHWAY FORT LAUDERDALE FL 33334 </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DANIELS, MARC 4750 N DIXIE HIGHWAY FORT LAUDERDALE FL 33334													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DANIELS, MARC 4750 N DIXIE HIGHWAY FORT LAUDERDALE FL 33334																														
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 <i>[Signature]</i> MARC DANIELS 8/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		954-489-0104 <small>Date Daytime Phone #</small>																													