

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000090364

1. Entity Name
KW HORIZONS, INC.



Principal Place of Business

**1908 NW 4TH AVE
SUITE 112
BOCA RATON, FL 33432**

Mailing Address

**1908 NW 4TH AVE
SUITE 112
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE

FILED
Aug 21, 2008 08:00 AM
Secretary of State



05292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0582101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLASELD, ILENE
1908 NW 4TH AVE
SUITE 112
BOCA RATON, FL 33432**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KLASFELD, ILENE
1908 NW 4TH AVE., SUITE 112
BOCA RATON, FL 33432**

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U000000958063
08/21/08-80001-013 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 May 2008 561 368 5555
Daytime Phone #