

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091217

Entity Name: KERM, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

18401 COLLINS AVE
2ND FLOOR
N. MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18401 COLLINS AVE
2ND FLOOR
N. MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 65-0543528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALIA, SHARABY
18401 COLLINS AVE
2ND FLOOR
N MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHARABY, DALIA
Address: 18401 COLLINS AVE
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MAN () Delete
Name: GEFEN, MICHAEL
Address: 2750 NE 183RD STREET #2504
City-St-Zip: AVENTURA, FL 33160

Title: O () Delete
Name: ELAL GEFEN, KAREN
Address: 2750 NE 183RD STREET #2504
City-St-Zip: AVENTURA, FL 33160

Title: VP () Delete
Name: SHARABY, DALIA
Address: 18401 COLLINS AVE, 2ND FLOOR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DS

Electronic Signature of Signing Officer or Director

MAN

03/25/2009

Date