

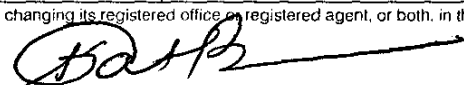
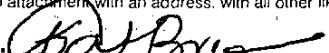


FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 018 ***550.00

DOCUMENT # P95000003766				Secretary of State	
1. Entity Name KPB SERVICES COMPANY				08-16-2004 90014 018 ***550.00	
Principal Place of Business 2117 N DIXIE HWY FT LAUDERDALE, FL 33305 US		Mailing Address 2117 N DIXIE HWY FT LAUDERDALE, FL 33305 US		44001347	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0611647	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, KARL P 2117 N DIXIE HWY FT. LAUDERDALE, FL 33305				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 KARL P. BROWN				DATE 7-2-04	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME BROWN, KARL P STREET ADDRESS 4817 NW 8TH ST CITY-ST-ZIP PLANTATION, FL 33317			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BROWN, KARL P STREET ADDRESS 5204 HOLLY CIRCLE CITY-ST-ZIP TAMARAC, FL 33319		
TITLE <input type="checkbox"/> Delete NAME BROWN, MURDITH W STREET ADDRESS 4817 NW 8TH ST CITY-ST-ZIP PLANTATION, FL 33317			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BROWN, MURDITH W. STREET ADDRESS 5204 HOLLY CIRCLE CITY-ST-ZIP TAMARAC, FL 33319		
TITLE <input type="checkbox"/> Delete NAME BROWN, SHANIC STREET ADDRESS 4817 NW 8TH ST CITY-ST-ZIP PLANTATION, FL 33317			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BROWN, SHANIC STREET ADDRESS 5204 HOLLY CIRCLE CITY-ST-ZIP TAMARAC, FL 33319		
TITLE <input type="checkbox"/> Delete NAME BROWN, KEVIN P STREET ADDRESS 4817 NW 8TH ST CITY-ST-ZIP PLANTATION, FL 33317			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BROWN, KEVIN P STREET ADDRESS 5204 HOLLY CIRCLE CITY-ST-ZIP TAMARAC, FL 33319		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  KARL P. BROWN.					