

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000027184

Entity Name: K O PROPERTY, CORP.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

16400 NW 2ND AVE
SUITE 203
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

16400 NW 2ND AVE
SUITE 203
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-0595273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSHEROFF, MARC
16400 NW 2ND AVE
SUITE 203
MIAMI, FL 33169 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSHEROFF, MARC
Address: 16400 NW 2ND AVE, SUITE 203
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: KATZ, DALE
Address: 16400 NW 2ND AVE, SUITE 203
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: OSHEROFF, MARC A
Address: 16400 NW 2ND AVE, SUITE 203
City-St-Zip: MIAMI, FL 33169

Title: S/D (X) Change () Addition
Name: OSHEROFF, ROBIN B
Address: 16400 NW 2ND AVE, SUITE 203
City-St-Zip: MIAMI, FL 33169

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: MARC A OSHEROFF

P/D

04/29/2009

Electronic Signature of Signing Officer or Director

Date