

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000027246

Entity Name: DAVID KITCOFF & ASSOCIATES, INC.

FILED
Mar 07, 2005
Secretary of State

Current Principal Place of Business:

12360 SW 132 CT
#209
MIAMI, FL 33186 US

Current Mailing Address:

P.O. BOX 160638
MIAMI, FL 33116 US

New Principal Place of Business:

100 MIRACLE MILE
225
CORAL GABLES, FL 33134 US

New Mailing Address:

100 MIRACLE MILE
225
CORAL GABLES, FL 33134 US

FEI Number: 65-0568101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITCOFF, DAVID
12360 SW 132 CT
#209
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GAUNT, SUSAN
100 MIRACLE MILE
225
CORAL GABLES, FL 33134 US

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: SUSAN GAUNT

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KITCOFF, DAVID
Address: 12360 SW 132 CT., #209
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPO, MICHAEL A
Address: 100 MIRACLE MILE, #225
City-St-Zip: CORAL GABLES, FL 33134

Title: TSD () Change (X) Addition
Name: BURZYNSKI, THADDEUS F
Address: 100 MIRACLE MILE, #225
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: GAUNT, SUSAN
Address: 100 MIRACLE MILE, #225
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THADDEUS F. BURZYNSKI

TSD

03/07/2005

Electronic Signature of Signing Officer or Director

Date