

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000046015

1. Entity Name
K.S. SIMON ASSOCIATES, INC.



Principal Place of Business
**300 - 41ST STREET, SUITE 218
MIAMI BEACH, FL 33140**

Mailing Address
**300 - 41ST STREET, SUITE 218
MIAMI BEACH, FL 33140**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0587884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MERRITT, ROGER J ESQ.
300 - 41ST STREET, SUITE 218
MIAMI BEACH, FL 33140**

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000276833
03/26/05-80005-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMON, KAREN S 10360 N.W. 14TH STREET PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SIMON, MICHAEL S 10360 N.W. 14TH STREET PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMON, JONATHAN D 10360 NW 14TH STREET PLANTATION, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Karen S. Simon **Karen S. Simon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 **3/18/05** *954-475-0647*
Date Daytime Phone #