Apr 17 07 03:41p

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Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90262 048 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOC JMENT # P95000060579

1. Entity Name
N.M. K)NA KAI GROUP, INC.

Principal Place of Business	Mailing Address
2640 UN 'ERSITY DRIVE SUNRISE, FL 33322	2640 UNIVERSITY DRIVE SUNRISE, FL 33322

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address
Suite, Apt #, etc | Suite, Apt #, etc
City & State | City & State
Zip | Country | Zip | Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0607628 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARCI/ MARTHA
9221 SI NRISE BLVD. #308
SUNRI: E, FL 33322

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The ab ve 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 obl ations of registered agent.

SIGNATURE: Martha Garcia AGENT 4/19/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARTHA		NAME		
STREET ADDRESS	7885 NW 7TH CT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ARROYO, MICHOLAS		NAME		
STREET ADDRESS	2640 UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I here y certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indic ed 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 orporation 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 chan ed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Garcia President 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #