

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 007 ***150.00

DOCUMENT # P95000060579

1. Entity Name
N.M. KONA KAI GROUP, INC.



Principal Place of Business
**2640 UNIVERSITY DRIVE
SUNRISE, FL 33322**

Mailing Address
**2640 UNIVERSITY DRIVE
SUNRISE, FL 33322**

50007594



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

06122008

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

**GARCIA, MARTHA
9221 SUNRISE BLVD. #308
SUNRISE, FL 33322**

7. Name and Address of New Registered Agent

Name **GENSIS CHU GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
9630 NW. 65 ST
City **TAMARAC** FL Zip Code **33321**

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

AGENT

6/10/08

FILE NOW!!! FEE IS \$650.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

FLORIDA DEPT. STATE

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **GARCIA, MARTHA**
STREET ADDRESS **7885 NW 7TH CT**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☐ Change ☐ Addition
NAME **GENSIS CHU GARCIA**
STREET ADDRESS **2640 N. UNIVERSITY DR.**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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

PRESIDENT

6/10/08

954 -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #