

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000081519 1. Entity Name KAFTES, INC.	
--	---

Principal Place of Business 1915 HOLLYWOOD BLVD STE 200 HOLLYWOOD, FL 33020	Mailing Address 1915 HOLLYWOOD BLVD STE 200 HOLLYWOOD, FL 33020
--	--

DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0624229	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, DOUGLAS C
1915 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

**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 _____ (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
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, DOUGLAS C 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAFTE, HOWARD T 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GATES, MICHAEL L 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000238158
02/21/05-80088-017 150.00

**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)(i), 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: *Douglas C Kaplan* 2/16/05 954-920-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #