



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000085594</b> 1. Entity Name <b>KFAS CO.</b>						<b>FILED</b> <b>05 MAY -3 PM 4:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>354 HIATT DRIVE</b> <b>PALM BEACH GARDENS, FL 33418</b>				Mailing Address <b>354 HIATT DRIVE</b> <b>PALM BEACH GARDENS, FL 33418</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FRIEDMAN, STEVEN</b> <b>354 HIATT DRIVE</b> <b>PALM BEACH GARDENS, FL 33418</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>							
TITLE	P	ABRAMS, MARC J		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		354 HIATT DRIVE		NAME	PRESIDENT		
STREET ADDRESS		PALM BEACH GARDENS, FL 33418		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	V	SAYRE, ROBERT		TITLE			
NAME		354 HIATT DRIVE		NAME			
STREET ADDRESS		PALM BEACH GARDENS, FL 33418		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	T	FRIEDMAN, IRVING Z		TITLE			
NAME		101 BANYAN ISLES		NAME			
STREET ADDRESS		PALM BEACH GARDENS, FL 33418		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP				CITY - ST - ZIP			

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #