2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2006 08:00 AM DOCUMENT # P95000091533 Secretary of State 1. Entity Name K & L ENTERPRISES, INC. Principal Place of Business Mailing Address 8544 NW 46TH DR CORAL SPRINGS FL 33067 8544 NW 46TH DR CORAL SPRINGS FL 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0619515 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAMENAR, WALTER Street Address (P.O. Box Number is Not Acceptable) 8544 NW 46TH DRIVE CORAL SPRINGS FL 33067 Zip Code 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 presion name of registered agent and little if applicable (NOTE Registered Agent signature required when roustating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E. After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deiete TITLE ☐ Change ☐ Addition NAME KAMENAR, WALTER NAME STREET ADDRESS 8544 NW 46TH DRIVE STREET ADDRESS *U000004409*?9 CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZEP <u>03/03/06: 00017-016</u> <u> 150-m</u> TITLE ☐ Delete □ Added NAME MARKE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP COTY-ST-ZIP TITLE ☐ Delete THEE ☐ Change ☐ Addain NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZM CITY-ST-ZIP TITLE Delete 33715 ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3,7717 ☐ Defete MARKET ALLESS ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete 33116 Marin. ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fronda 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 direction of the corporation or the receiver or krustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with attachment like empowered.

FILED