
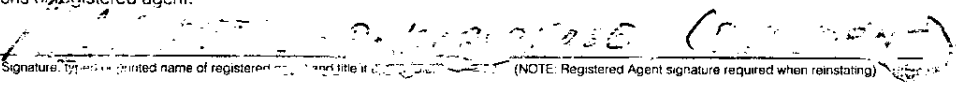
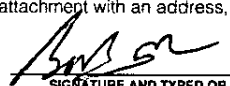


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90029 026 \*\*\*150.00

<b>DOCUMENT # P96000022668</b>			
1. Entity Name <b>LIL' KAIS INC.</b>			
Principal Place of Business <b>9340 NORTH 56TH ST, SUITE 220 TAMPA FL 33617</b>		Mailing Address <b>9340 NORTH 56TH ST, SUITE 220 TAMPA FL 33617</b>	
2. Principal Place of Business <b>205 W. MARTIN LUTHER KING JR. BLVD.</b>		3. Mailing Address <b>205 W. M. L. K BLVD.</b>	
Suite, Apt. #, etc. <b>#204</b>		Suite, Apt. #, etc. <b>#204</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33603-3600</b>	Country	Zip <b>33603-3600</b>	Country
6. Name and Address of Current Registered Agent <b>KURIAKOSE, BABU 9340 NORTH 56TH ST, SUITE 220 TAMPA FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE <b>2/20/04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V THAYIL, PHILIP 8769 HAMPDEN DR TAMPA FL 33626</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KURIAKOSE, BABU P 2515 BELLWOOD DR BRANDON FL 33511</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>BABU P. KURIAKOSE</b>		Date <b>2/20/04</b> Daytime Phone # <b>813-915-8625</b>	

24024473



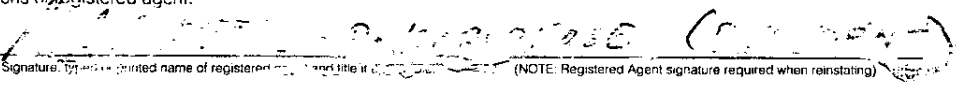
MOORE CR2E034 (11/03)

4. FEI Number **59-3366216** Applied For  
Not Applicable

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

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

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SIGNATURE  DATE **2/20/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE:  **BABU P. KURIAKOSE** Date **2/20/04** Daytime Phone # **813-915-8625**