

2006 FOR PROFIT CORPORATION ANNUAL REPORT,

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90001 047 ***150.00

DOCUMENT # P96000030353

1. Entity Name
KGLow, INC.



Principal Place of Business

9 ISLAND AVENUE
APT. 1901
MIAMI BEACH, FL 33139 US

Mailing Address

9 ISLAND AVENUE
APT. 1901
MIAMI BEACH, FL 33139 US

40097409



2. Principal Place of Business

10731 HOLLOW BAY TER
Suite, Apt. #, etc.

3. Mailing Address

10731 HOLLOW BAY TER
Suite, Apt. #, etc.

06232006

Chg-P

CR2E034 (11/05)

City & State

PALE BEACH GARDENS

Zip
33412

Country
USA

City & State

PALE BEACH GARDENS

Zip
33412

Country
USA

4. FEI Number

65-0663301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLALOBOS, RICHARD J
1320 S. DIXIE HWY - STE. 820
SUITE 1125
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLOGOWER, KAREN
9 ISLAND AVENUE, APT. 1901
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
10731 HOLLOW BAY TER
PALE BEACH GARDENS, FL 33412

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

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

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

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

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

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: *Karen Glogower*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/06

Date

Daytime Phone #