


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-27-2005 90049 029 ***150.00
 08-19-2005 90008 010 *****8.75

DOCUMENT # P97000037833			
1. Entity Name K.B. VILLAGE REALTY, INC.			
Principal Place of Business 963 CRANDON BLVD KEY BISCAIYNE FL 33149 <i>OCCUPATIONAL LIC. LOCATION</i>		Mailing Address 325 FERNWOOD ROAD, SUITE 11 KEY BISCAIYNE FL 33149	
2. Principal Place of Business <i>Home - office</i>		3. Mailing Address <i>325 Fernwood Rd #11</i>	
Suite, Apt. #, etc. <i>325 FERNWOOD RD #11</i>		Suite, Apt. #, etc. <i>#11</i>	
City & State <i>KEY BISCAIYNE, FL</i>		City & State <i>KEY BISCAIYNE, FL</i>	
Zip <i>33149</i>		Zip <i>33149</i>	
Country <i>DADE</i>		Country <i>DADE</i>	
4. FEI Number 65-1083133		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent ANGULO, ANA MARIA 2151 SOUTH LEJEUNE ROAD SUITE 310 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, MARIA E	NAME	
STREET ADDRESS	325 FERNWOOD ROAD, SUITE 11	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(j), 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: _____		Date: <i>Aug. 16-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>305 265 5478</i>	



ATTACHMENT
50062441

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 29, 2005

K.B. VILLAGE REALTY, INC.
325 FERNWOOD ROAD, SUITE 11
KEY BISCAVNE, FL 33149

Subject: K.B. VILLAGE REALTY, INC.

Reference Number: P97000037833

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

REF # P97000037833

To whom it may concern:

I have been faithfully paying the \$150⁰⁰ every year when I receive the notice. However this last notice was not received until after the penalty date. And that ~~po~~ point I immediately paid it.

Please waive the \$400- penalty as I am a small corp. and I did not receive the annual report notice on time this year.

K. B. VILLAGE REALTY, INC.
923 CRANDON BLVD.
K.B. FL. 33149
305 365 5478

Thank you,
Please let me know !!

Maria E. Valls
