


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 049 ***158.75

DOCUMENT # P97000037833	
1. Entity Name K.B. VILLAGE REALTY, INC.	

Principal Place of Business HOME - OFFICE 325 FERNWOOD RD # 1 KEY BISCAVNE FL 33149	Mailing Address 325 FERNWOOD RD #11 KEY BISCAVNE FL 33149
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2. Principal Place of Business - No P.O. Box # 325 FERNWOOD Rd #11 Suite, Apt. #, etc. #11	3. Mailing Address 325 Fernwood Rd Suite, Apt. #, etc. #11
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2nd MOORE CR2E034 (4/08)

City & State Key BISCAVNE, FL.	City & State Key BISCAVNE, FLA.
Zip 33149	Zip 33149
Country DADE	Country DADE

4. FEI Number 65-1083133	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLS, MARIA E 325 FERNWOOD ROAD, SUITE 11 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	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
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 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: MARIA EUGENIA VALLS, PRESIDENT  **8.4.08** **2053655478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

August 4-2008

40113010

to whom it may concern;
P97000037833

I certify as the president
of K.B. Village Realty, Inc. that
I did not receive the prior
notice as a have in the
last 10 or so years of my
cooperation being in active status.

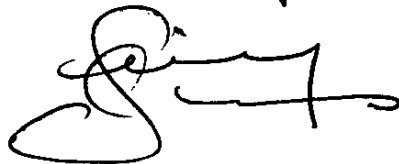
The only notice I have
received is this one with
the \$400 - penalty.

Please waive this fee.
for KB Village Realty, Inc.

Thank you very much.

Maria Eugenia Valls
president

P.S. My \$150⁰⁰.
plus the \$8.75
for a certificate
of status is
enclosed.



Thank you.