

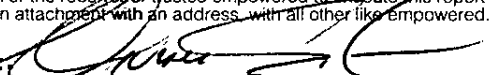


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P97000084147</b> 1. Entity Name <b>K AND K + A, CORP.</b>						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);">             FILED              SECRETARY OF STATE              DIVISION OF CORPORATIONS  <b>04 SEP 30 PM 2:52</b> </div>	
Principal Place of Business <b>76 MIRACLE MILE CORAL GABLES FL 33134</b>				Mailing Address <b>76 MIRACLE MILE CORAL GABLES FL 33134</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>65-0784321</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GIL, VIVIAN 76 MIRACLE MILE CORAL GABLES FL 33134</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>				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. <input type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00</b> 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 <b>VP GIL, CARLOS M 76 MIRACLE MILE CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>000041556850</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/04/04--01014--016 **550.00</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>TSDP GIL, VIVIAN 76 MIRACLE MILE CORAL GABLES FL 33134</b> <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 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 				Date <b>9/5/04</b> Daytime Phone # <b>305-448-5550</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							