

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90015 042 ***150.00

DOCUMENT # P97000102856

1. Entity Name
KGM INVESTMENTS, INC.



Principal Place of Business
**2930 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**2930 BISCAYNE BLVD
MIAMI, FL 33137**

54010600



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0800982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTENBURY, SHARON ESQ.
2930 BISCAYNE BLVD.
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALBUT, RUSSELL
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	CD
NAME	KAHN, SONNY
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VP
NAME	CHRISTENBURY, SHARON
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	S
NAME	DACHOH, SHLOMO
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	ZDON, JOSEPH
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	SVPD
NAME	MENIN, BRUCE A
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

Sharon Christenbury, Vice President
Authorized Person

Date

Daytime Phone #