2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

	MENT # P9800002			Fire	05-06-2004	4 90191 019 ***1	50.00
1. Entity Name KKT ENTERPRISES, INC.							
		्रहार की अध्यक्ति का		% 5.3			
Principal Place	e of Business	Mailing Address	2 10 12 19 19	≒ jv.;			•
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numb		}	plied For
Zip Country		Zip Country			59-3507421 Not Applicable 5 Codificate of Status Decised Section 88.75 Additional		
				5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Curre	ent Registered Agent	* Name		Address of New Ro		
THEODORE, TODD M							
	CKET LANE), FL 32836	Street Address (P.O. Box Number is Not Acceptable)					
OKLANDO	7, FL 32030.						
e e e e e e e e e e e e e e e e e e e				• •	•	FL Zip Code	
8/The above	named entity submits this statemen	If for the purpose of changing its r	registered office or regis	stered agent or bo	oth in the State of Flo		and accept
	lions of registered agent.			and a garm, an an) ,	-	ana assopt
SIONATURE.		4 - 4 4	michael de la comp		19 11 14	4 c	ج ۱۰
	Signature, typed or printed name of registered as		Registered Agent signature requ	ired when reinstating)		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Campaig Trust Fund Contri	ibutión. 🔲 A	55.00 May Be	. (≱15. (€		
10. >	OFFICERS A		11.	ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTORS	S IN 11
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STREET ADDRESS CITY-ST-ZIP				* * * * * * * * * * * * * * * * * * * *	eries Articological de la Colonia		
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indicated of the cor changed	certify that the information supplied of the first on this report or supplemental report or supplemental report or the receiver or trustee element of an attachment with an address	with this filing does not qualify for ort is true and accurate and that m impowered to execute this report a ss; with all other like empowered."	tne exemption stated in by signature shall have the as required by Chapter in the state of the s	Section 119.07(3 he same legal effe 607, Florida Statul	(i), Horida Statutes. ot as if made under o es; and that my name	nurther certify that the in bath; that I am an officer e appears in Block 10 or	or director Block 11 if

SIGNATURE:

SKENATURE AND TYPED OR PROVIDED NAME OF SKINGNIG OFFICER OR DIRECTOR

4-19:04.407-8-497-3772

Daytime Phone #