

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90145 009 \*\*\*150.00

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<b>DOCUMENT # P98000052057</b> 1. Entity Name <b>KSK ENTERPRISES, INC.</b>					
Principal Place of Business <b>401 BISCAYNE BLVD C-21 ATTN: DOCKMASTERS MIAMI, FL 33132 US</b>			Mailing Address <b>P.O. BOX 331231 MIAMI, FL 33133</b>		
2. Principal Place of Business <b>1635 N. BAYSHORE DR.</b>		3. Mailing Address Suite, Apt. #, etc. <b>SEA ISLE MARINA PIER 4, SLIP 400</b>			
Suite, Apt. #, etc. <b>SEA ISLE MARINA PIER 4, SLIP 400</b>		Suite, Apt. #, etc.			
City & State <b>MIAMI, FL 33132</b>		City & State			
Zip <b>33132</b>		Country <b>MIAMI- DABE</b>		Zip Country	
4. FEI Number <b>65-0842511</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KAZEROUNI, KAMYAB 401 BISCAYNE BLVD C-21 ATTN: DOCKMASTERS MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1635 N. BAYSHORE DR. SEA ISLE MARINA PIER 4, SLIP 400</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33132</b>		
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 \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KAZEROUNI, KAMYAB</b> <del><b>401 BISCAYNE BLVD</b></del> <b>MIAMI, FL 33132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1635 N. BAYSHORE DR.</b> <b>MIAMI, FL 33132</b>	
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	
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	
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:			Date <b>7/11/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					