## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000052215

Entity Name: KHAKI'S II, INC.

Name:

Address:

City-St-Zip:

5101 CONGRESS AVENUE

BOCA RATON, FL 33487

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5101 CONGRESS AVENUE BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 5101 CONGRESS AVENUE BOCA RATON, FL 33487 FEI Number: 65-0539629 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KIRSCHNER, MITCHELL B DONOVAN, PETER HODGSON RUSS LP 5101 CONGRESS AVE 1801 N MILITARY TRAIL SUITE 200D BOCA RATON, FL 33487 US BOCA RATON, FL 33431 US 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. SIGNATURE: PETER DONOVAN 04/23/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KIRLAND, ROBERT A Name: Name: 5101 CONGRESS AVENUE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: VTD Title: () Delete () Change () Addition Name: DONOVAN, PETER Name: 5101 CONGRESS AVEUNE Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition KIRSCHNER, MITCHELL B Name: Name: 1801 N. MILITARY TRAIL SUITE 200 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: AVP () Delete Title: () Change () Addition DONOVAN, SUZANNE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER DONOVAN **VTD** 04/23/2009