

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000059728 1. Entity Name KIRUN, INC.	
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Principal Place of Business 9001 TAMiami TRAIL SOUTH VENICE, FL 34293	Mailing Address 9001 TAMiami TRAIL SOUTH VENICE, FL 34293
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848908	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KADINAR, KAMLESH B
1041 HARBOUR GLEN PLACE
PUNTA GORDA, FL 33983

**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 (if applicable) (NOTE: Registered Agent signature required when retiring) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KADIWAR, KAMLESH B 9001 TAMiami TRAIL SOUTH VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KADIWAR, KAVITA K 9001 TAMiami TRAIL SOUTH VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: K. Kadiwar 4/21/05 941-426-4773
SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Daytime Phone #