


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/11

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-18-2005 90026 045 ***150.00

| | |
|---|---|
| DOCUMENT # P98000070820 1. Entity Name KHD FINANCIAL CORP. |  |
|---|---|

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|--|--|
| Principal Place of Business 1101 BRICKELL AVENUE SUITE 1402 MIAMI, FL 33131 | Mailing Address 1101 BRICKELL AVENUE SUITE 1402 MIAMI, FL 33131 |
|--|--|

66001875



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 65-0863111 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent SMITH, LINDA M 11900 BISCAYNE BLVD, STE. 503 MIAMI, FL 33181 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DANNER, STEPHEN 1101 BRICKELL AVE., SUITE 1402 MIAMI, FL 33131 |
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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)(f), 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 OFFICER OR DIRECTOR

2/8/05 305-503-4200
Date Daytime Phone #