

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088591

1. Entity Name
K.C. SHOPPING, INC.



Principal Place of Business
8100 S.W. 81ST DRIVE., #210
MIAMI, FL 33143

Mailing Address
8100 S.W. 81ST DRIVE., #210
MIAMI, FL 33143

FILED
Apr 07, 2008 08:00 AM
Secretary of State



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HECHTMAN, BARRY I
8100 S.W. 81ST DRIVE., #210
MIAMI, FL 33143

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000886021
04/18/08-80038-006 288.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, ALAN 8100 S.W. 81ST DRIVE., #210 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECHTMAN, BARRY I 8100 S.W. 81ST DRIVE., #210 MIAMI, FL 33143
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**DO NOT WRITE
IN THIS SPACE**

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:

Bl Hechtm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

Daytime Phone #