


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

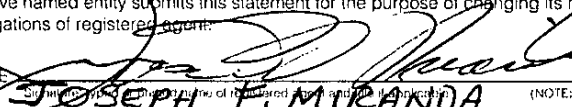
FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 031 ***150.00

DOCUMENT # P98000088630			
1. Entity Name KKM ENTERPRISES, INC.			
Principal Place of Business 9224 BAY DRIVE SURFSIDE FL 33154		Mailing Address 9224 BAY DRIVE SURFSIDE FL 33154	
2. Principal Place of Business 2301 LONGLEAF BLVD.		3. Mailing Address 2301 LONGLEAF BLVD.	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State LAKE WALES, FL		City & State LAKE WALES, FL	
Zip 33859	Country USA	Zip 33859	Country USA



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent MIRANDA, JOSEPH F 9224 BAY DRIVE SURFSIDE FL 33154		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2301 LONGLEAF BLVD. Suite 300 City LAKE WALES FL 33859	
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  JOSEPH F. MIRANDA (NOTE: Registered Agent signature required when re-registering) DATE 2-1-06			

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, JOSEPH F 9224 BAY DRIVE SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2301 LONGLEAF BLVD. Suite 300 LAKE WALES, FL 33859 <input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:  **JOSEPH F. MIRANDA** Date: **2-1-06** 863 679-9936 Daytime Phone #