


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90079 031 ***150.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # P99000056583 | |  | |
| 1. Entity Name KENT INTERNATIONAL MANAGEMENT ENTERPRISES, INC. | | | |
| Principal Place of Business 4112 PARRY DRIVE SARASOTA FL 34241 US | | Mailing Address 4112 PARRY DRIVE SARASOTA FL 34241 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

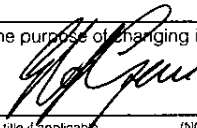


MOORE CR2E034 (11/03)

| | | | |
|---|--|--|--|
| 4. FEI Number 65-0927630 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent SELBY, MATT 3405 NW 9 AVE., STE 1201 FORT LAUDERDALE FL 33309 | | 7. Name and Address of New Registered Agent Name ELLIOT GREENE Street Address (P.O. Box Number is Not Acceptable) 871 W. OAKLAND PARK BOULEVARD, City FT LAUDERDALE FL Zip Code 33311 | |
|---|--|---|--|

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  DATE **4/16/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C CREARY, D. 3405 NW 9 AVE., #1201 FORT LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DITTON, ANTHONY 3405 NW 9 AVE., #1201 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DITTON, ANTHONY 871 W. OAKLAND PARK BLVD FT. LAUDERDALE FL 33311 |
| 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 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:  DATE **4/13/04** (941) 371-7325
Signature and typed or printed name of signing officer or director