

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

POSTED



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0975627** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P99000070597
 1. Entity Name
4KPJ, INC



Principal Place of Business **8205 NW 30 TERRACE MIAMI, FL 33122**
 Mailing Address **8205 NW 30 TERRACE MIAMI, FL 33122**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
POLLER, ROBERT
8205 NW 30 TERRACE
MIAMI, FL 33122

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 _____ DATE _____
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, 2006 Fee will be \$550.00

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

1100000478705
 04/08/06-80015-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLLER, ROBERT H 8205 NW 30 TERRACE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLLER, MICHAEL 8205 N W 30 TERRACE MIAMI, FL 33122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 an other like empowered.

SIGNATURE: Mike Poller **Mike Poller** 3/10/06 3054708005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #