2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083997

1. Entity Name
KGR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIR., STE. 404 CORAL GABLES, FL 33134	299 ALHAMBRA CIR., STE. 404 CORAL GABLES, FL 33134

07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0954853
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHOSRAVI, S. SHAWN
299 ALHAMBRA CIR., STE. 404
CORAL GABLES, FL 33134

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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
Due by September 6, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KHOSRAVI, S. SHAWN
STREET ADDRESS	299 ALHAMBRA CIR., STE. 404
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	GUILARTE, ERASMO ANDRES
STREET ADDRESS	1570 MADRUGA AVE STE 305
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	ST
NAME	SHEEHLY, CONNIE
STREET ADDRESS	12400 S.W. 62ND AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/16/04-80003-021 150.00

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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: _____ 7/13/04 305-461-0667
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #