

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083997

Entity Name: KGR INVESTMENTS, INC.

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

299 ALHAMBRA CIR., STE. 404  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

299 ALHAMBRA CIR., STE. 404  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0954853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KHOSRAVI, S. SHAWN  
Address: 299 ALHAMBRA CIR., STE. 404  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: GUILARTE, ERASMO ANDRES  
Address: 6274 S.W. 35TH STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: ST ( ) Delete  
Name: SHEEHLY, CONNIE  
Address: 12400 S.W. 62ND AVE.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. SHAWN KHOSRAVI

PRES

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date