2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AN DOCUMENT # P99000091526 Secretary of State 1. Entity Name KCF, INC. Principal Place of Business Mairing Address 18285 SW 264TH STREET T8285 SW 264TH STREET HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0962873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LOSNER, STEVEN D ESQ. DO NOT WRITE 65 NW 16TH STREET HOMESTEAD, FL 33030 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_ Signature hypeologiprotett name of registered agent and title if applicable INCIE Recipiered Abent plomature required when recipianing DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD MALE CARPENTER, KERN STREET ADDRESS 18285 SW 264TH STREET CITY+ST-7/P HOMESTEAD, FL 33031 U00000352235 05/03/05-80019-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-2IP DILE UALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE MALAF STREET ACCRESS C11Y-57-21P TITLE NAME STREET ADDRESS CITY-51-212 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 path; 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.

INTEG NAME OF SIGNING OFFICER OR DIRECTOR

FILED