

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000092790

1. Entity Name

Kamal and Sons, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
370 E Main St
370 E Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Apopka, FL

Zip 32703

City & State
Apopka, FL

Zip 32703

Country

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90312 039 ***150.00

40069031

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3602630
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
WADHWANIA, KAMAL

Street Address (P.O. Box Number is Not Acceptable)
932 KHINGAN CT.

City
APOPKA FL 32712

FL Zip Code

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director WADHWANIA, KAMAL 932 KHINGAN CT. APOPKA FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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			DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05- 407-859-7900

Date

Daytime Phone #