

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

ATX1

DOCUMENT # P99000092790	
1. Entity Name Kamal and Sons, Inc.	

FILED
07 MAY 14 PM 4:04

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 370 E Main St Suite, Apt. #, etc.	3. Mailing Address 370 E. MAIN STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Apopka, FL	City & State Apopka, FL	4. FEI Number 59-3602630	Applied For <input type="checkbox"/> Not Applicable
Zip 32703	Country	Zip 32703	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WADHWANIA, KAMAL
Street Address (P.O. Box Number is Not Acceptable) 370 E. MAIN STREET
City APOPKA
State FL
Zip Code 32703

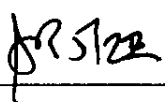
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADHWANIA, KAMAL 370 E. MAIN STREET APOPKA FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000103727380 06/01/07-01009-003 \$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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **KAMAL WADHWANIA** **4/24/2007** **407-899-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #