

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90234 016 ***158.75

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1. Entity Name
K C MULTIMEDIA, INC.



Principal Place of Business
1550 S. DIXIE HWY, #219
CORAL GABLES, FL 33146-3034

Mailing Address
1550 S. DIXIE HWY, #219
CORAL GABLES, FL 33146-3034

14008535



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~CERECEDA, KEMEL A~~ *Nora T. Cereceda*
~~1550 S. DIXIE HWY, #219~~ *Robert L. Nunez*
~~CORAL GABLES, FL 33146~~ *2912 SE Janet Street*
Stuart, FL 34997

**DO NOT WRITE
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 *Robert L. Nunez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/01/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE *Sec. Secretary*
NAME CERECEDA, KEMEL A
STREET ADDRESS 1550 W. S. DIXIE HWY, #219
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE *Treasurer*
NAME *Robert L. Nunez*
STREET ADDRESS *2912 SE Janet Street*
CITY-ST-ZIP *Stuart, FL 34997*

TITLE *President*
NAME *NORA T. Cereceda*
STREET ADDRESS *3798 NW 12 Street*
CITY-ST-ZIP *MIAMI, FL 33126*

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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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Robert L. Nunez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-05
Date

Daytime Phone #