

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90002 050 ***150.00

DOCUMENT # P99000102728

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**

50021201



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05262006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

**NUNEZ, ROBERT L.
2912 SE JANET STREET
STUART, FL 34997**

Name
Kemel A. Cereceda

Street Address (P.O. Box Number is Not Acceptable)
1550 S Dixie Hwy # 219

City **Coral Gables** **FL** Zip Code **33146**

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

Kemel A. Cereceda **Kemel Cereceda**

06/05/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
NUNEZ, ROBERT L.
STREET ADDRESS **2912 SE JANET STREET**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
CERECEDA, NORA T.
STREET ADDRESS **3798 NW 12 STREET**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kemel A. Cereceda **Kemel Cereceda** **06/05/06** **786-512-8799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT 5002120/
Division of Corporations

Annual Report

Annual Report Helm

Document Number

P99000102728

Business Entity Name

K C MULTIMEDIA, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 650965153

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 1550 S. DIXIE HWY, #219

Suite, Apt. #, etc.

City, State CORAL GABLES, FL

Zip Code & Country 331463034

Mailing Address

Address 1550 S. DIXIE HWY, #219

Suite, Apt. #, etc.

City, State CORAL GABLES, FL

Zip Code & Country 331463034

Name and Address of Registered Agent

Name (Last, First, Middle, Title) NUNEZ, ROBERT L., ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2912 SE JANET STREET

Suite, Apt. #, etc.

City, State STUART, FL

Zip Code & Country

ATTACHMENT

50021201
FP9900102728

MIAMI

FL

Zip Code & Country

33126

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

S

Officer/Director Signature

S
Kulc Lavot

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that

34997

US

50021201
#P99000D102728

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title S
Name (Last, First, Middle, Title) CERECEDA, KEMEL, A,

- OR -

Entity Name to serve as
Officer/Director

Street Address 1550 W. S. DIXIE HWY, #219
City, State CORAL GABLES, FL
Zip Code & Country 33146

Title T
Name (Last, First, Middle, Title) NUNEZ, ROBERT L.,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2912 SE JANET STREET
City, State STUART, FL
Zip Code & Country 34997

Title P
Name (Last, First, Middle, Title) CERECEDA, NORA T.,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3798 NW 12 STREET
City, State