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Mar 28, 2005 8:00 am
Secretary of State

01-26-2005 90015 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S16242

1. Entity Name

K.A.F., INC.

66007535

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
~~7466~~ 7866 EXETER BLVD EAST TAMARAC FL 33321 US	~~2468~~ 7866 EXETER BLVD EAST TAMARAC FL 33321 US

2. Principal Place of Business	3. Mailing Address
Same	7866 EXETER BLVD, EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMARAC FL
Zip / Country	Zip: 33321 / Country: USA

4. FEI Number: 65-0230977 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KERZNER, EDWARD
7866 EXETER BLVD. EAST
TAMARAC FL ~~33324~~ 33321

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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: Edward Kerzner Sheila Kerzner DATE: 2/22/05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KERZNER, SHEILA	NAME	
STREET ADDRESS	~~10066 N.W. 15TH ST.~~ 7866 EXETER BLVD, EAST	STREET ADDRESS	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~ TAMARAC, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Sheila Kerzner 3/24/05 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #