


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V56011</b>		
1. Entity Name <b>KIPLING, INC.</b>		
Principal Place of Business <b>27077 SO DIXIE HWY NARANJA, FL 33032 US</b>	Mailing Address <b>27077 SO DIXIE HWY NARANJA, FL 33032 US</b>	



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0350485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAMKISSOON, PARSURAM  
27077 SO DIXIE HWY  
NARANJA, FL 33032**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	RAMKISSOON, PARSURAM
STREET ADDRESS	26440 SW 122 AVE
CITY - ST - ZIP	NARANJA, FL 33032

TITLE	S
NAME	RAMKISSON, KATHLEEN
STREET ADDRESS	26440 SW 122 AVE
CITY - ST - ZIP	NARANJA, FL 33032

TITLE	D
NAME	RAMKISSON, SASTRI
STREET ADDRESS	27077 S DIXIE HIGHWAY
CITY - ST - ZIP	NARANJA, FL 33032

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/07/05-80091-008 158.75

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:** PARSURAM RAMKISSOON 3/4/05 305-495-6682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #