## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # V73741**

1. Entity Name

K.D.D. ENTERPRISES, INC.



FILED Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

9401 NW 106TH ST

STE 101

MEDLEY, FL 33178 US

Mailing Address

9401 NW 106TH ST

STE 101

MIAMI, FL 33178 US



02182007

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0368520

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, BARNETT, JR. 120 E PALMETTO PARK RD STE 150 BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

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<ol> <li>The above named entity submits this statement for the the obligations of registered agent.</li> </ol>	purpose of changing its registered	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	_		
		gent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE	CTORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P		), (1) (4)	
NAME KNOWLES, JANET STREET ADDRESS 9401 NW 106TH ST STE 101 MEDLEY, FL 33178		**************************************	U00000697322 04/18/07-80037-001 150.0
INTLE ST LARGAY, KEITH A 9401 NW 106TH ST MIAMI, FL 33178		DO	NOT WRITE
TITLE  NAME STREET ADDRESS		IN	THIS SPACE
CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. · · · · · · · · · · · · · · · · · · ·	
IITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  12   hereby certify that the information supplied with this			

Thereby certify that the information supplied with this filling does not quality 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:

pret travele

/JANET KNOWLES
TED NAME OF SIGNING OFF ASSESS TANT SECRETARY

3-26-07

305-885-2458

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