

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000033960

**Entity Name:** THE KILI MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

15436 N FLORIDA AVE  
SUITE 160  
TAMPA, FL 33613

**Current Mailing Address:**

PO BOX 269  
LUTZ, FL 33548

**FEI Number: 27-2401230**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTLER, MAUREEN G  
15436 N FLORIDA AVE  
SUITE 160  
TAMPA, FL 33613 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DIR	Title	DIR
Name	GACHAU, PATRICK	Name	BUTLER, MAUREEN G
Address	20160 BAY CEDAR AVE	Address	15436 N FLORIDA AVE, SUITE 160
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33613
Title	DIR		
Name	GIOMBETTI, THOMAS A		
Address	PO BOX 232531		
City-State-Zip:	TEMPLE TERRACE FL 33687		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAUREEN G. BUTLER**

**DIRECTOR**

**03/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date