

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000083997

**Entity Name:** KGR INVESTMENTS, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117

**FEI Number:** 65-0954853

**Certificate of Status Desired:** No

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

KHOSRAVI, S. SHAWN  
299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117 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 PD  
Name KHOSRAVI, S. SHAWN  
Address 299 ALHAMBRA CIRCLE, SUITE 404  
City-State-Zip: CORAL GABLES FL 33134-5117

Title VPD  
Name GUILARTE, ERASMO ANDRES  
Address 6274 SW 35 STREET  
City-State-Zip: MIAMI FL 33155-4934

Title STD  
Name SHEEHLY, CONNIE  
Address 12400 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33156-5615

*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:** S. SHAWN KHOSRAVI

**PRESIDENT**

**01/10/2013**

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

\_\_\_\_\_  
Date