## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 31, 2005 08:00 AM Secretary of State DOCUMENT # F02000004223 1. Entity Name KASEC, INC. Principal Place of Business Mailing Address 134 RATHBUN STREET 134 RATHBUN STREET ? STATEN ISLAND, NY 10312 STATEN ISLAND, NY 10312 05252005 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2085036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORIDA AGENT SERVICES, LLC DO NOT WRITE 92 SADBERRY ROAD QUINCY, FL 32351-0000 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 lamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered abent and title If applicable, (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TIT! F KATSANOS, ALEXIO NAME U00000368482 134 RATHBUN STREET STREET ADDRESS CITY-ST-ZIP STATEN ISLAND, NY 10312 05/31/05-80003-002 f5n.nn TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in

Daytime Phone #