

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90137 031 ***150.00

DOCUMENT # P00000086044



1. Entity Name
KAFKA & PARTNERS INC.

Principal Place of Business
**255 COMMERCIAL BLVD., SUITE 201
LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**255 COMMERCIAL BLVD., SUITE 201
LAUDERDALE BY THE SEA FL 33308**

20027420



2. Principal Place of Business
3429 NE 12 Terrace
Suite, Apt. #, etc.

3. Mailing Address
3429 NE 12th Terrace
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

4. FEI Number **59-3668352**

Applied For
Not Applicable

Zip Country
33334 USA

Zip Country
33334 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMACEK, ZUZANA
10901 BRIGHTON BAY BLVD
10309
SAINT PETERSBURG FL 33716

Name **Linda Sharfarz**
Street Address (P.O. Box Number is Not Acceptable)
3429 NE 12th Terrace
City **Ft. Lauderdale, FL** Zip Code **33334**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D SPARAVALO, VOJISLAV**
STREET ADDRESS **10901 BRIGHTON BAY BLVD NE #10309**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE Change Addition
NAME **P Sparavalo, Vojislav**
STREET ADDRESS **3429 NE 12th Terr. Ft. Lauderdale FL**
CITY-ST-ZIP **33334**

TITLE Delete
NAME **D SPARAVALO, DEJAN**
STREET ADDRESS **10901 BRIGHTON BAY BLVD NE #10309**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE Change Addition
NAME **VP Sparavalo, Dejan**
STREET ADDRESS **3429 NE 12th Terr. Ft. Lauderdale FL**
CITY-ST-ZIP **33334**

TITLE Delete
NAME **SD SHARFARZ, LINDA**
STREET ADDRESS **1523 N.E. 39TH STREET**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-03 9:59
470-1280

CR2E034 (10/02)