


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90089 028 \*\*\*150.00

**DOCUMENT # P0000086044**  
 1. Entity Name  
**KAFKA & PARTNERS INC.**



Principal Place of Business      Mailing Address  
~~3429 NE 12 TERRACE~~      ~~3429 NE 12 TERRACE~~  
~~FORT LAUDERDALE, FL 33334~~      ~~FORT LAUDERDALE, FL 33334~~  
**607 Polynesian Ct.**  
**Kissimmee, FL 34758**

**DO NOT WRITE IN THIS SPACE**

00061023



02252005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3668352**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHARFARZ, LINDA**  
~~3429 NE 12TH TERRACE~~  
~~FORT LAUDERDALE, FL 33334~~  
**607 Polynesian Ct**  
**Kissimmee, FL 34758**

**DO NOT WRITE 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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPARAVALO, VOJISLAV
STREET ADDRESS	<del>3429 NE 12TH TERR</del> <b>607 Polynesian Ct</b>
CITY - ST - ZIP	<del>FORT LAUDERDALE, FL 33334</del> <b>Kissimmee FL 34758</b>
TITLE	D
NAME	SPARAVALO, DEJAN
STREET ADDRESS	<del>3429 NE 12TH TERRACE</del> <b>607 Polynesian Ct</b>
CITY - ST - ZIP	<del>FORT LAUDERDALE, FL 33334</del> <b>Kissimmee, FL 34758</b>
TITLE	SD
NAME	SHARFARZ, LINDA
STREET ADDRESS	<del>1529 N.E. 39TH STREET</del> <b>607 Polynesian Ct</b>
CITY - ST - ZIP	<del>OAKLAND PARK, FL 33334</del> <b>Kissimmee FL 34758</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_      **2/25/05**      **407-870-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

9200