## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M14158

1. Entity Name

KILOWATTS ELECTRIC SUPPLY CORP.



06 FEB 23 PM 3: 29

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Principal Place of Business

401 SW 71 AVE. MIAMI, FL 33144-5005 US Mailing Address

401 SW 71 AVE.

MIAMI, FL 33144-5005 US



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2524091

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

J. Certificate of Status

## CHAGUACEDA, ANGEL R.

6166 S.W. 8TH STREET MIAMI, FL

## 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000394766 01/26/06-90022-014 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CHAGUACEDA, ANGEL R. 401 SW 71 AVE. MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SANTIAGO, ALBERTO 401 SW 71 AVE. MIAMI, FL		DO <sup>-</sup> NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
NITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address with other like empowered.

SIGNATURE: X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT SANTIAGO VP 01/12/06

Daytime Phone #