2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000033548

1. Entity Name
K-APPLIANCES IMPORT & EXPORT INC.

FILED
08 MAR 27 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1920 N.W. 94TH AVE.~~ ~~DORAL, FL 33172 US~~	~~1310 SW 136 PL.~~ ~~MIAMI, FL 33184~~

03252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1629 NW 14 ST.	(same)
Suite, Apt. #, etc. APT: 710	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33125 Country	Zip Country

4. FEI Number
20-4997209
☐ Applied For
☐ Not Applicable

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
~~FERRO, OMAR~~ ~~1310 SW 136 PL~~ ~~MIAMI, FL 33184~~	Name: Barbara Balbina Diaz de Vega Street Address (P.O. Box Number is Not Acceptable): 1629 NW 14 ST. APT 710 City: Miami FL Zip Code: 33125

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: Barbara B. Vega
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~FERRO, OMAR~~ ~~1310 SW 136 PL~~ ~~MIAMI, FL 33184~~	☒ Delete	P/D Barbara Balbina Diaz De Vega 1629 NW 14 ST. APT: 710 Miami, FL 33125	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700121426867 03/27/08--01012--006 **288.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	3/27	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Barbara B Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #