

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008087

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: KAS SERVICES, INC.

**Current Principal Place of Business:**

3775 LYONS ROAD  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

3775 LYONS ROAD  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

FEI Number: 20-8252063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARRIA, KYLE A  
3775 LYONS ROAD  
LAKE WORTH, FL 33413 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SARRIA, KYLE A  
Address: 3775 LYONS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: PST  
Name: SARRIA, KYLE A  
Address: 3775 LYONS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: V  
Name: EUCEDA, ALEX  
Address: 3775 LYONS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: V  
Name: ACOSTA, LAURO  
Address: 3775 LYONS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: V  
Name: GONZALEZ, CIRILO  
Address: 3775 LYONS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: V  
Name: DELEON, IRINEO  
Address: 3775 LYONS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KYLE A. SARRIA

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date