

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000073773

**Entity Name:** KAMORE INSTALLATION, CORP.

**Current Principal Place of Business:**

11009 AIRVIEW DRIVE  
TAMPA, FL 33625

**FILED**  
**Feb 28, 2016**  
**Secretary of State**  
**CC5649460743**

**Current Mailing Address:**

11009 AIRVIEW DRIVE  
TAMPA, FL 33625 US

**FEI Number: 20-4958348**

**Certificate of Status Desired: No**

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

PEREZ, ORESTES  
11009 AIRVIEW DRIVE  
TAMPA, FL 33625 US

*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

**Officer/Director Detail :**

Title	P	Title	SECRETARY
Name	PEREZ, ORESTES	Name	BARRIOS, MARIALYS
Address	11009 AIRVIEW DRIVE	Address	11009 AIRVIEW DRIVE
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

*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: ORESTES PEREZ**

**PRESIDENT**

**02/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date