


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90001 043 \*\*\*150.00

**DOCUMENT # 332815**

1. Entity Name  
**DWIGHT & WILSON CO.**



Principal Place of Business  
**2881 N.E. 7TH AVE.**  
**POMPANO BEACH, FL 33064**

Mailing Address  
**2881 N.E. 7TH AVE.**  
**POMPANO BEACH, FL 33064**

**60044508**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01142008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**59-1217698**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**CEBRIAN, JESUS**  
**2881 NE 7TH AVE**  
**POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RUBIO, JULIO D DIR LA JUVERIA, TREMAÑES GIJON, SPAIN, SP 33211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URQUIOLA, JUAN H DIR LA JUVERIA, TREMAÑES GIJON, SPAIN, SP 33211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GARRIZ, JUAN F OFFICER LA JUVERIA, TREMAÑES GIJON, SPAIN, SP 33211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, ROBERTO M DIR LA JUVERIA, TREMAÑES GIJON, SPAIN, SP 33211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBIO, JULIO C OFFICER LA JUVERIA, TREMAÑES GIJON, SPAIN, SP 33211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUART, JOSE MARIA OFFICER LA JUVERIA, TREMAÑES GIJON, SPAIN, SP 33211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEBRIAN, JESUS OFFICER 2881 NE 7TH STREET POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: JESUS CEBRIAN 6/11/08 9549428321  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**ATTACHMENT** For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # 332815  
1. Entity Name  
**KLK-USA CO. DBA DWIGHT & WILSON CO.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
**2881 N.E. 7th. AVE.**

3. Mailing Address  
**2881 NE 7th. AVE**

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH FL**

City & State  
**POMPANO BEACH FL**

Zip  
**33064**

Country  
**USA**

4. FEI Number

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CEBRAN, JESUS**

Street Address (P.O. Box Number is Not Acceptable)  
**2881 N.E. 7th. AVE.**

City  
**POMPANO BEACH FL**

Zip Code  
**33064**

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES RUBIO, JULIO D DIR LA YUVIERA TRENAÑES GIMON, SPAIN, SP 33211</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP URQUIDOLA, JUAN H DIR LA YUVIERA, TRENAÑES GIMON, SPAIN, SP 33211</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TS GARRIZ, JUAN F OFFICER LA YUVIERA, TRENAÑES GIMON, SPAIN, SP 33211</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP DWART, JOSE MARIA OFFICER LA YUVIERA, TRENAÑES GIMON, SPAIN, SP 33211</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP CEBRAN, JESUS 2881 NE 7th. AVE. POMPANO BEACH, FL 33064, USA</b>
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JESUS CEBRIAN 06/11/02 9549428321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Florida #

60044508

CR2E034B (5/07)