

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90035 031 ***150.00

DOCUMENT # 373703

1. Entity Name

KRESSLY CORPORATION.



Principal Place of Business

746 N.W. 107TH STREET
MIAMI FL 33154

Mailing Address

746 N.W. 107TH STREET
MIAMI FL 33154



2. Principal Place of Business - No P.O. Box #

Kressly Corp

Suite, Apt. #, etc.

3. Mailing Address

10415 N.W. 7th Ave.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-1357560

Applied For

Not Applicable

Zip

33150

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, SHELDON
1700 SAN SOUCL BLVD
NORTH MIAMI FL

*D.E.W. Kressly
10415 N.W. 7th Ave
Miami, FL 33150

7. Name and Address of New Registered Agent

Name

*D.E.W. Kressly

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

10415 N.W. 7th Ave

City

Miami, FL

FL

Zip Code

33150

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

D.E.W. Kressly

(NOTE: Registered Agent signature required when constituting)

1/24/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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	PD	<input type="checkbox"/> Delete
NAME	KRESSLY, DONALD E W	
STREET ADDRESS	16408 BRIDGE END RD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRESSLY, GABY	
STREET ADDRESS	16408 BRIDGE END RD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

D.E.W. Kressly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #