2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an atta-

Secretary of State 02-03-2006 90015 030 ***150.00 DOCUMENT # G47556 KESŚ INDUSTRIAL PRODUCTS, INC. Principal Place of Business Mailing Address 40008545 8617 N.W. 66 STREET 8617 N.W. 66 STREET MIAMI, FL 33166 MIAMI, FL 33166 Principal Place of Business 8613 NW 6 Suite, Apt. #, etc. 3. Mailing Address 665T 8613 N h 66 ST. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number 59-2325844 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, JUAN B 5520 SW 70 PLACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33155 City Zip Code 3. 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FRECUTIVE DP HORACIO NAVARRETE 3606 SW 67AL. P JUAN FERNANDEZ, JAUN B TITLE XI Addition ☐ Delete TITL F ☐ Change NAME NAME **5520 SW 70TH PLACE** STREET ADDRESS STREET ADDRESS MIANI,FL. <u>33156</u> CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP VP-MANUFACTURING MARLENE RUNBAUT 1716 W. 36 AVE. #6 HiAleph, FL. 330/6 VP TITLE ☐ Delete Addition Change FERNANDEZ, JUAN M NAME NAME STREET ADDRESS 8005 SW 134 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP TITLE ☐ Delete TITI F Change Addition UPOPÉRATIONS FERNANDEZ, BERNICE NAME NAME MARCOS OKTEGA STREET ADDRESS 8290 NW 166 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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