

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90076 012 ***150.00

40013713



01042007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2325844** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # G47556
1. Entity Name
KESS INDUSTRIAL PRODUCTS, INC.



Principal Place of Business
**8613 NORTHWEST 66 STREET
MIAMI, FL 33166 US**

Mailing Address
**8613 NORTHWEST 66 STREET
MIAMI, FL 33166 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**FERNANDEZ, JUAN B
5520 SW 70 PLACE
MIAMI, FL 33155**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, JUAN B			NAME			
STREET ADDRESS	5520 SW 70TH PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, JUAN M			NAME			
STREET ADDRESS	8005 SW 134 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, BERNICE			NAME			
STREET ADDRESS	8290 NW 166 TERR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33016			CITY-ST-ZIP			
TITLE	EXVP	<input type="checkbox"/> Delete		TITLE	EXVP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NACARRETE, HORACIO			NAME	HORACIO NACARRETE		
STREET ADDRESS	3606 SOUTHWEST 57 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP			
TITLE	VPM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUNBAUT, MARLENE			NAME			
STREET ADDRESS	7776 WEST 36 AVENUE SUITE 6			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	VPOP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTEGA, MARCUS			NAME			
STREET ADDRESS	8000 SOUTHWEST 124 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernice Fernandez (305) 592-1850 2/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone