



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90064 021 ***150.00

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 #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRETE, HORACIO	NAME		
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 checked="" 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: 		Date: 2/6/08		Daytime Phone #: 305-592-1800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

HORACIO NAVARRETE