

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000039604		
<small>1. Entity Name</small> KILOWATTS, INC.		
<small>Principal Place of Business</small> 401 S.W. 71ST AVE. MIAMI, FL 33144	<small>Mailing Address</small> 401 S.W. 71ST AVE. MIAMI, FL 33144	
DO NOT WRITE IN THIS SPACE		
<small>6. Name and Address of Current Registered Agent</small> CHAGUACEDA, ANGEL R 401 S.W. 71ST AVE. MIAMI, FL 33144		<small>4. FEI Number</small> 65-0998526 <small>Applied For</small> <small>Not Applicable</small>
		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
<small>TITLE</small>	DP	
<small>NAME</small>	CHAGUACEDA, ANGEL R	
<small>STREET ADDRESS</small>	401 S.W. 71ST AVE.	
<small>CITY-ST-ZIP</small>	MIAMI, FL 33144	
<small>TITLE</small>	DVP	
<small>NAME</small>	SANTIAGO, ALBERTO	
<small>STREET ADDRESS</small>	401 S.W. 71ST AVE.	
<small>CITY-ST-ZIP</small>	MIAMI, FL 33144	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
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<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>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 or other like empowered.</small>		
SIGNATURE: X 		ALBERT SANTIAGO VP 01/12/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>