

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000095968**

1. Entity Name
KPENBROSS, INC.



Principal Place of Business
**2418 ABBY DR. #202
KISSIMMEE FL 34741**

Mailing Address
**2418 ABBY DR. #202
KISSIMMEE FL 34741**

2. Principal Place of Business
2225 W Clay Street

3. Mailing Address
821 Navajo dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kissimmee Fl

City & State
Saint Cloud Fl

Zip
34741

Country
USA

Zip
34771

Country
USA

4. FEI Number

59-3746851

Applied For

Not Applicable

5. Certificate of Status Desired.

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**PENILLA, JORGE L
2418 ABBY DR., #202
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name
Penilla, Jorge L

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

821 Navajo dr

City
Saint Cloud

FL
34771

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PENILLA, JORGE L 2418 ABBY DR., #202 KISSIMMEE FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Penilla, Jorge L 821 Navajo dr Saint Cloud Fl 34771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENILLA, JORGE L 2418 ABBY DR., #202 KISSIMMEE FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Penilla, Jorge L 821 Navajo dr Saint Cloud Fl 34771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #