

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90039 046 ***150.00

DOCUMENT # P01000105371

1. Entity Name
K & M SERVICES, CORP.



Principal Place of Business
2728 SW 11TH ST
MIAMI, FL 33135

Mailing Address
2728 SW 11TH ST
MIAMI, FL 33135

24009505



01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

2740 SW 11 ST

3. Mailing Address

2740 SW 11 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33135

Country

US

Zip

33135

Country

US

4. FEI Number

65-1151168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAJAC, ALEJANDRO
3750 W FLAGLER ST
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name

MARIO CARRILLO

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

2740 SW 11 ST

City

Miami

FL

Zip Code

33135

8. The above named entity supports 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARRILLO, MARIO N
STREET ADDRESS 2728 SW 11TH ST
CITY-STATE-ZIP MIAMI, FL 33135

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ Change

☐ Addition

2740 SW 11 ST
Miami, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/04