

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90380 023 ***150.00

DOCUMENT # P03000144217

1. Entity Name
KRISBET SERVICE, INC.



Principal Place of Business
866 N.W. 110 AVE
PLANTATION, FL 33324

Mailing Address
2115 W. DAVIE BLVD., #203
FT. LAUDERDALE, FL 33312

40074719



04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
3307 NW 108th DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1217831

Applied For
Not Applicable

Zip
33065

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ICHAZO, KRISTIAN R
866 N.W. 110 AVE
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

3307 NW 108th DR ST 2

City **CORAL SPRINGS**

FL

Zip Code **33065**

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

Kristian Ichozo

Signature, typed or printed name of registered agent and telephone number.

(NOTE: Registered Agent signature required when reissuing)

04/28/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ICHAZO, KRISTIAN R ☐ Delete
866 NW 110 AVE
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3307 NW 108th DR ST #2
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kristian Ichozo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06

Date

754-234-0906

Daytime Phone #