


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90065 005 ***150.00

DOCUMENT # P03000144217	
1. Entity Name KRISBET SERVICE, INC.	

Principal Place of Business 3307 NW 108TH DR SUITE 2 CORAL SPRINGS, FL 33065	Mailing Address 2115 W. DAVIE BLVD., #203 FT. LAUDERDALE, FL 33312
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40104122



2. Principal Place of Business - No P.O. Box # 10861 NW 9 Court	3. Mailing Address
Suite, Apt. #, etc. Bldg. # 8	Suite, Apt. #, etc.
City & State Plantation	City & State
Zip 33324	Country USA

04292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1217831	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ICHAZO, KRISTIAN R 3307 NW 108TH DR SUITE 2 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Kristian ICHAZO Street Address (P.O. Box Number is Not Acceptable) 10861 NW 9 Court Bldg. # 8 City Plantation FL Zip Code 33324
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 4-30-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ICHAZO, KRISTIAN R 3307 NW 108TH DR SUITE 2 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kristian ICHAZO 10861 NW 9 COURT Bldg. # 8 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Kristian ICHAZO	Date 4-30-07	Daytime Phone # 754-234-0906