


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90002 010 ***150.00

DOCUMENT # P03000156243	
1. Entity Name K.A.P.S. CHEMICALS, INC.	

Principal Place of Business 10125 W OAKLAND PARK BLVD SUITE 407 SUNRISE, FL 33351	Mailing Address 10125 W OAKLAND PARK BLVD SUITE 407 SUNRISE, FL 33351
1110 W. Oakland Park Blvd	

2. Principal Place of Business - No P.O. Box # 1110 W. Oakland Park	3. Mailing Address Same
Suite, Apt. #, etc. # 173	Suite, Apt. #, etc.

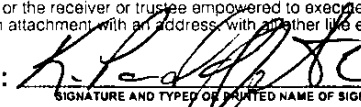
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33351	Country US
Zip 33351	Country 33351

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 PADDYFOTE, KEITH A 10125 W OAKLAND PARK BLVD SUITE 407 SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NO CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Paddyfote, Keith A 1110 W. Oakland Park Blvd Sunrise, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 another line empowered.	
SIGNATURE: 	Date: 8/25/08 Daytime Phone #



ATTACHMENT

40114741

#P03000156243

K.A.P.S Chemical

11110 West Oakland Park Blvd Ste 173
Sunrise, FL 33351
PH: 954-709-7395 FX: 772-204-9368

To Whom it May Concern,

This letter is in regards to the renewal of my business license for K.A.P.S Chemicals. I have been terminally ill for the past few months, suffering severe symptoms from Diabetes. I had to shut down operations of my business during this time, which led me to become very much past due on all business as well as my personal expenses.

I have opened up my business again and I would like to renew my license. I am asking for an exception on the late fee due to my poor health conditions over the past few months. Enclosed is payment for \$150 to renew my license.

Thank you


Keith Padgett

Owner/ CEO