


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-03-2004 90001 011 ***150.00

9/3/2

DOCUMENT # P03000157518 1. Entity Name KPR SERVICES, CORP.			
Principal Place of Business 308 LUCILLE WAY ORLANDO FL 32835		Mailing Address 308 LUCILLE WAY ORLANDO FL 32835	
2. Principal Place of Business 10158 EASTERN AVE Suite, Apt., etc. 102		3. Mailing Address 10158 EASTERN LAKE AV Suite, Apt., etc. 102	
City & State ORLANDO, FL Zip 32817 Country ORANGE		City & State ORLANDO, FL Zip 32817 Country ORANGE	
4. FEI Number 412113392		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, HERIBERTO 308 LUCILLE WAY ORLANDO FL 32835		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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RIVERA, HERIBERTO STREET ADDRESS 308 LUCILLE WAY CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE RIVERA, HERIBERTO NAME 10158 EASTERN LAKE AVE STREET ADDRESS ORLANDO, FL 32817 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RIVERA, HERIBERTO STREET ADDRESS 308 LUCILLE WAY CITY-ST-ZIP ORLANDO FL 32835	<input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Hector Rivera</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8/30/04 Date	