

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90063 024 ***150.00

DOCUMENT # P04000016380

1. Entity Name
KEVIN FLORES, INC.



Principal Place of Business
**8744 SW 53 ST
COOPER CITY, FL 33328**

Mailing Address
**8744 SW 53 ST
COOPER CITY, FL 33328**

40111033



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0857909	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

**FLORES, KEVIN
8744 SW 53 ST
COOPER CITY, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLORES, KEVIN
STREET ADDRESS	8744 SW 53 ST
CITY-ST-ZIP	COOPER CITY, FL 33328

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/08

ATTACHMENT

40111059
P84000016380

JULY 7,2008
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE,FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2008.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY,2008 FOR
THE YEAR 2008. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF
THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO
DISSOLVE.

YOURS TRULY

KEVIN J. FLORES

A handwritten signature in black ink, appearing to read 'Kevin J. Flores', with a long horizontal flourish extending to the right.