

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90221 030 ***150.00

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1. Entity Name
K & A ELECTRIC CORP



Principal Place of Business
**11415 NW 93RD COURT
BUILDING NO. 4 UNIT 3
HIALEAH GARDENS, FL**

Mailing Address
**11415 NW 93RD COURT
BUILDING NO. 4 UNIT 3
HIALEAH GARDENS, FL**

50002895



2. Principal Place of Business
**7750 W 24 Avenue
Suite, Apt. #, etc.
Unit 24**

3. Mailing Address
**3167 W 70 Terrace
Suite, Apt. #, etc.**

03132006 Chg-P CR2E034 (11/05)

City & State
Hialeah, FL
Zip
33016 Country
USA

City & State
Hialeah, FL
Zip
33018 Country
USA

4. FEI Number
20-0859714 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTRO, EDDY
1461 WEST 42ND ST.
APT. 106
HIALEAH, FL 33012**

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 reinstating) 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 **P,S** ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
**GONZALEZ, JOSE L
3167 W. 70TH TERR.
HIALEAH, FL 33018**

TITLE
NAME **VPD** ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
**CASTRO, EDDY
11415 NW 93RD CT., BLDG. 4, UNIT 3
HIALEAH GARDENS, FL 33018**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP
**25435 SW 134 Place
Homestead, FL 33032**

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/06
Date Daytime Phone #