2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000035179

SIGNATURE:

FILED Mar 06, 2007 8:00 am Secretary of State 03-06-2007 90004 025 ***150.00

1. Entity Nam K & A EL	ECTRIC CORP								
Principal Place of Business		Mailing Address							
7750 W 24 AVENUE Unit 24		3167 W 70 TERRACE Hialeah, Fl 33018			40029952				
HIALEAH, FL	33016								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		=-,	02262007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numbe 20-085				oplied For
Zip		Zip Country				of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered		
GONZALEZ, JOSE L				Name-					
7750 W 24TH AVENUE #24				Street Address (F	P.O. Box Numbe	er is Not Acceptable	e)		
	FL 33016								
				City			FL	Zip Cod	le
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinsiating) DATE									
	#								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contrit			00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	P,S GONZALEZ, JOSE L	☐ Delete	title Name	İ				Change	Addition
STREET ADDRESS	3167 W. 70TH TERR.		STREET A	ſ					
CITY-ST-ZIP	VPD	Delete	CITY-ST-	-AP				☐ Change	☐ Addition
NAME	CASTRO, EDDY		NAME						
STREET ADDRESS CITY-ST-ZIP	25436 SW 134 PLACE HOMESTEAD, FL 33032		STREET A						
TITLE	P	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	GONZALEZ, JULIA O 3167 W. 70TH TERACE		NAME STREET A	ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33018		CITY-ST-	-ZiP					
TITLE NAME		☐ Delete	TITLE NAME	}				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET A	i i					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET A	ADORESS					
CITY-ST-ZIP			CITY-ST						
TITLE NAME		Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET A	1					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the exemp		in Chapter 110	Florida Statutes 1	further cer	tify that the i	oformation
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee/emp , or on an attachment with an address,	owered to execute this report a	y signature as required	shall have the s by Chapter 607	ame legal effect Florida Statute	t as if made under so and that my name	oath; that I	am an officer in Block 10 o	or director r Block 11 if

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR