

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149904

Entity Name: K.T.W. & ASSOCIATES, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

8500 SW 8TH ST.
SUITE 220
MIAMI, FL 33144

New Principal Place of Business:

9525 SW 15TH ST.
MIAMI, FL 33174

Current Mailing Address:

8500 SW 8TH ST.
SUITE 220
MIAMI, FL 33144

New Mailing Address:

9525 SW 15TH ST.
MIAMI, FL 33174

FEI Number: 51-0529022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIPE, MANUEL
9525 SW 15TH STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELIPE, MANUEL
Address: 9525 SW 15TH ST
City-St-Zip: MIAMI, FL 33174

Title: V () Delete
Name: FELIPE, YOLANDA
Address: 9525 SW 15TH STREET
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: SCHAEFER, YOLANDA
Address: 11205 SW 114TH TERR
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: BIDOPIA, ANA M
Address: 10370 SW 114TH STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FELIPE-LIMA, ANGELA
Address: 8220 SW 27TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FELIPE, YOLANDA
Address: 9525 SW 15TH ST
City-St-Zip: MIAMI, FL 33174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FELIPE-LIMA, ANGELA
Address: 8220 SW 2 TH ST
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL FELIPE

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date