

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-23-2007 90034 048 ***150.00

DOCUMENT # P05000010006					
1. Entity Name KOOL TEMP PROFESSIONALS INC.					
Principal Place of Business 7134 SW 136 CT MIAMI FL 33183			Mailing Address 7134 SW 136 CT MIAMI FL 33183		
2. Principal Place of Business - No P.O. Box # 7134 SW 136 CT			3. Mailing Address 7134 SW 136 CT		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-2199004	
Zip 33183		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent SEVILLANO, TOMAS 13343 SW 59 LANE MIAMI FL 33183			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 <u>TOMAS Sevillano</u> <u>3/11/2007</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Delete	
	PD	SEVILLANO, TOMAS	13343 SW 59 LANE	← FROM ADDRESS	
			MIAMI FL 33183		
	PD	SEVILLANO, TOMAS	MIAMI FL, 33183	☐ Delete	
	PD	TOMAS Sevillano	7134 SW 136 CT	☐ Delete	
			MIAMI, FL, 33183		
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: TOMAS Sevillano				3/11/2007 (786) 8535644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	