

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000072785**

1. Entity Name  
**K-N-K APPLIANCE WIZARD INSTALL, INC.**



Principal Place of Business  
**6461 SW 44TH STREET  
MIAMI, FL 33155**

Mailing Address  
**6461 SW 44TH STREET  
MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**

04022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2855222**

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**VALDIVIA, OSCAR A  
6461 SW 44TH STREET  
MIAMI, FL 33155**

**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)

**4-1-08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PV</b>
NAME	<b>VALDIVIA, OSCAR A</b>
STREET ADDRESS	<b>6461 SW 44TH STREET</b>
CITY - ST - ZIP	<b>MIAMI, FL 33155</b>
TITLE	<b>S</b>
NAME	<b>VALDIVIA, EYDIE</b>
STREET ADDRESS	<b>6461 SW 44TH STREET</b>
CITY - ST - ZIP	<b>MIAMI, FL 33155</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000886251  
04/18/08-80048-012 158.75

**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 lines empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-08**

DATE

**305-663-4616**

DAYTIME PHONE #