

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000088380 1. Entity Name K.A.C.F. TRUCKING, INC.						FILED 06 DEC 18 PM 5:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 160 NORTH ARBOLEDA CLEWISTON, FL 33440				Mailing Address 160 NORTH ARBOLEDA CLEWISTON, FL 33440			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 07072006 20-3031676 RESTATEMENT 2006 Applied For Not Applicable			
City & State		City & State					
Zip	Country	Zip	Country				
5. *Certificate of Status Desired ☒ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent PEREZ, FELIPE 9801 WEST FLAGLER ST. B208 MIAMI, FL 33174				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: <i>Felipe Perez</i> - FELIPE PEREZ - PRESIDENT 12-12-2006 Signature of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, FELIPE 9801 WEST FLAGLER STREET B208, FL 33174 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600081303326 10/27/06--01056--010 **\$50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600081303326 10/27/06--01056--011 **\$8.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600081303326 12/22/06--01029--021 **\$200.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Felipe Perez</i> FELIPE PEREZ 10-16-2006 305-979-1963 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							