

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008087

Entity Name: KAS SERVICES, INC.

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

3775 LYONS ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3775 LYONS ROAD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-8252063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARRIA, KYLE A
3775 LYONS ROAD
LAKE WORTH, FL 33413 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: D () Delete
Name: SARRIA, KYLE A
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: PST () Delete
Name: SARRIA, KYLE A
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: EUCEDA, ALEX
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: ACOSTA, LAURO
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: GONZALEZ, CIRILO
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: DELEON, IRINEO
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 SARRIA

P

03/31/2008

Electronic Signature of Signing Officer or Director

Date