

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90245 029 \*\*\*150.00

<b>DOCUMENT # P07000077367</b> 1. Entity Name <b>K &amp; F AIRCONDITIONING CORP.</b>					
Principal Place of Business 6995 N.W. 82 AVENUE BAY 43 MIAMI, FL 33166 US			Mailing Address 6995 N.W. 82 AVENUE BAY 43 MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		04252008      Chg-P      CR2E034 (12/06)  4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">45-0566551</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  LAGUNA, MILLIE 10661 N. KENDALL DRIVE SUITE 204 MIAMI, FL 33176	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEGA, KLEBER 6105 ADRIATIC WAY WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEGA, FERNANDO 6105 ADRIATIC WAY WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Fernando Vega</u> <u>Fernando Vega</u> 05/01/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

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