

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90028 018 \*\*\*150.00

**DOCUMENT # P97000054648**

1. Entity Name  
KISSIMMEE IRON WORKS, INC.



Principal Place of Business

2741 OLD DIXIE HWY  
KISSIMMEE, FL 34744

Mailing Address

2741 OLD DIXIE HWY  
KISSIMMEE, FL 34744



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3456810

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

VEGA, ALBERTO  
2240 STONEHEDGE LOOP  
KISSIMMEE, FL 34743

**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

(NOTE: Registered Agent signature required when re-registering)

01-23-2008

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	P
NAME	VEGA, ALBERTO
STREET ADDRESS	2240 STONEHEDGE LOOP
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	VP
NAME	VEGA, WANDA
STREET ADDRESS	2240 STONEHEDGE LOOP
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	T
NAME	VEGA, ALBERTO JR
STREET ADDRESS	2049 SHANNON LAKES BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	Secretary
NAME	Juan Manuel Vega
STREET ADDRESS	1437 Mossa St.
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-2008

DATE

407-870-8812

Daytime Phone #