


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P97000058893 1. Entity Name KACO ENTERPRISES, INC.	
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Principal Place of Business 2260 SW 8 ST. 301 MIAMI, FL 33135	Mailing Address 2260 SW 8 ST. 301 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



08232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0764874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARLOS M  
 650 SW 12 AVE  
 MIAMI, FL 33130

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 reinstating)  
 Signature, typed or printed name of registered agent and title if applicable

U00000575298  
 08/25/06-00004-023 150.00  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JOSE M SR 650 SW 12 AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 650 SW 12 AVE MIAMI, FL 33130
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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: \_\_\_\_\_ Date: 8/27/06 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR