

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 011 ***150.00

40112690



06132008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0764874 Applied For Not Applicable

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

DOCUMENT # P97000058893
1. Entity Name
KACO ENTERPRISES, INC.



Principal Place of Business 2260 SW 8 ST.
301
MIAMI, FL 33135
Mailing Address P O BOX 402566
MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box # 1378 Coral Way
Suite, Apt. #, etc. 2nd Floor
City & State Miami Florida
3. Mailing Address PO Box 402566
Suite, Apt. #, etc. Miami Beach
City & State FL

Zip 33145 Country USA Zip 33140 Country USA

6. Name and Address of Current Registered Agent
GARCIA, CARLOS M
5860 PINETREE DR
MIAMI BEACH, FL 33110

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, JOSE M SR		NAME		
STREET ADDRESS	650 SW 12 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, CARLOS M		NAME		
STREET ADDRESS	650 SW 12 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 files empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #