


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 22, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000075989</b> 1. Entity Name KITZMAN ENGINEERING, INC.	
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Principal Place of Business 15845 S.W. 285 ST. HOMESTEAD, FL 33033	Mailing Address 15845 S.W. 285 ST. HOMESTEAD, FL 33033
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KITZMAN, RAMON 15845 S.W. 285 ST. HOMESTEAD, FL 33033	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000643934 03/02/07-80022-005 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KITZMAN, RAMON 15845 S.W. 285 ST. HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KITZMAN, CARMEN 15848 SW 285 ST HOMESTEAD, FL 33033
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**DO NOT WRITE  
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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:** Ramon Kitzman RAMON KITZMAN 2/19/07 (308) 245-7255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #