


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0804657</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KITZMAN, RAMON 15845 S.W. 285 ST. HOMESTEAD, FL 33033</b>
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**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 \_\_\_\_\_  
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 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KITZMAN, RAMON 15845 S.W. 285 ST. HOMESTEAD, FL 33033</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KITZMAN, CARMEN 15848 SW 285 ST HOMESTEAD, FL 33033</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

U00000956216  
07/24/08-80003-022 158.75

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** 7/21/08 305-710-3264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #