

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90016 035 ***558.75

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1. Entity Name
K AND K + A, CORP.



Principal Place of Business
6060 NW 84 AVE
MIAMI, FL 33166

Mailing Address
6060 NW 84 AVE
MIAMI, FL 33166

50024216



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0784321	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIL, VIVIAN
76 MIRACLE MILE
CORAL GABLES, FL 33134

**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 Vivian G. Gil (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9.. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GIL, CARLOS M
STREET ADDRESS	76 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TSDP
NAME	GIL, VIVIAN
STREET ADDRESS	76 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	GIL, Carlos M.
STREET ADDRESS	6060 N.W 84 Ave
CITY-ST-ZIP	Miami FL 33166
TITLE	TSDP
NAME	GIL, Vivian
STREET ADDRESS	6060 N.W 84 Ave
CITY-ST-ZIP	Miami FL 33166
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/28/06 Daytime Phone #: 305-448-5550