

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90020 020 ***150.00

DOCUMENT # P99000021635

1. Entity Name

K-COLORS VERTICALS, INC.



Principal Place of Business

26853 SOUTH DIXIE HWY.
NARANJA FL 33032

Mailing Address

26853 SOUTH DIXIE HWY.
NARANJA FL 33032

2. Principal Place of Business

3. Mailing Address

20047 East OAKMONT Circle 20047 East OAKMONT Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-0900379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREIRE, RICARDO JR.
6090 N.W. 186 STREET, #200
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name Freire, Ricardo Jr

Street Address (P.O. Box Number is Not Acceptable)

20047 East OAKMONT Circle

City Hialeah

FL

Zip Code

33015

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FREIRE, RICARDO J	
STREET ADDRESS	6090 N.W. 186 STREET, #205	
CITY - ST - ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREIRE, RICARDO J	
STREET ADDRESS	6090 N.W. 186 STREET, #205	
CITY - ST - ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20047 East OAKMONT Circle	
CITY - ST - ZIP	Hialeah, FL, 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-17-04

(305) 338 0100