## **2007 FOR PROFIT CORPORATION**

## FILED! **ANNUAL REPORT** Jan 24, 2007 08:00 AM DOCUMENT # P99000097304 Secretary of State KILOWATTS ELECTRIC & LIGHTING SUPPLY, INC. Principal Place of Business Mailing Address 401 S.W. 71ST AVE. 401 S.W. 71ST AVE. MIAMI, FL 33144 MIAMI, FL 33144 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0958853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAGUACEDA, ANGEL R DO NOT WRITE 401 S.W. 71ST AVE. MIAMI, FL 33144 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D۶ TITLE CHAGUACEDA, ANGEL R STREET ADDRESS 401 S.W. 71ST AVE. CITY-ST-ZIP MIAMI, FL 33144 U000000599901 TITLE SANTIAGO, ALBERTO NAME STREET ADDRESS 401 S.W. 71ST AVE. CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this thing 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 a course 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empo changed, or on an attachment with in address, v

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO SANTIAGO, VP.

Daytime Phone #