

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114645

**Entity Name:** KALBROOK SERVICES INC.

**Current Principal Place of Business:**

6061 NW FALLS CIRCLE DRIVE  
SUITE 10-311  
LAUDERHILL, FL 33319

**Current Mailing Address:**

POST OFFICE BOX 25913  
BROOKLYN, NY 11202 2

**FEI Number: 11-3540188**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, LOYSTON R  
6061 NW FALLS CIRCLE DRIVE  
SUITE 10-311  
LAUDERHILL, FL 33319 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SMITH, LOYSTON R  
Address 6061 NW FALLS CIRCLE DRIVE, SUITE  
10-311  
City-State-Zip: LAUDERHILL FL 33319

Title TRES  
Name SMITH, LOYSTON  
Address 6061 NW FALLS CIRCLE DRIVE, SUITE  
10-311  
City-State-Zip: LAUDERHILL FL 33319

Title S  
Name SMITH, TRACEY  
Address 6061 NW FALLS CIRCLE DRIVE, SUITE  
10-311  
City-State-Zip: LAUDERHILL FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LOYSTON R. SMITH**

**PRES.**

**04/06/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date