


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000088380

1. Entity Name
K.A.C.F. TRUCKING, INC.



FILED
06 DEC 18 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 160 NORTH ARBOLEDA CLEWISTON, FL 33440		Mailing Address 160 NORTH ARBOLEDA CLEWISTON, FL 33440	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072006 20-3031676 **RESTATEMENT 2006**

4. Filing Number Applied For Not Applicable

6. Name and Address of Current Registered Agent

PEREZ, FELIPE
9801 WEST FLAGLER ST.
B208
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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: *Felipe Perez* - **FELIPE PEREZ - PRESIDENT** 12-12-2006
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	PEREZ, FELIPE	<input type="checkbox"/> Delete
NAME		PEREZ, FELIPE	
STREET ADDRESS		9801 WEST FLAGLER STREET	
CITY-ST-ZIP		B208, FL 33174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600081303326
STREET ADDRESS	10/27/06--01056--010 **550.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600081303326
STREET ADDRESS	10/27/06--01056--011 **8.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600081303326
STREET ADDRESS	12/22/06--01029--021 **200.00
CITY-ST-ZIP	

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: *Felipe Perez* **FELIPE PEREZ** 10-16-2006 305-979-1963
Signature and typed or printed name of signing officer or director Date Daytime Phone #