


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90040 035 ***150.00

DOCUMENT # P02000126742

1. Entity Name
KLEIST, INC.



Principal Place of Business Mailing Address

3901 RAVENSWOOD ROAD **3901 RAVENSWOOD ROAD**
102 **102**
FT. LAUDERDALE FL 33312 **FT. LAUDERDALE FL 33312**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GOLDSTEIN, MICHAEL T
3901 RAVENSWOOD ROAD
102
FT. LAUDERDALE FL 33312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPS	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MICHAEL T	
STREET ADDRESS	3901 RAVENSWOOD RD. 102	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BOB	
STREET ADDRESS	3901 RAVENSWOOD RD	
CITY-ST-ZIP	MIAMI FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWEDEL, DAVID-A	
STREET ADDRESS	3901 RAVENSWOOD RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	NA	<input type="checkbox"/> Delete
NAME	NA, NA	
STREET ADDRESS	NA	
CITY-ST-ZIP	NA NA NA	
TITLE	NA	<input type="checkbox"/> Delete
NAME	NA, NA	
STREET ADDRESS	NA	
CITY-ST-ZIP	NA NA NA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWEDEL, MARIA-ISABEL	
STREET ADDRESS	3901 RAVENSWOOD RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:  **Maria-Isabel Schwedel** 3/15/04 954-689-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #