


'2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000101479
 1. Entity Name
 KL GLOBAL, INC.



Principal Place of Business
 8778 SW 8TH STREET
 MIAMI, FL 33174

Mailing Address
 8778 SW 8TH STREET
 MIAMI, FL 33174



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-1363371 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERKOWITZ DICK POLLACK & BRANT
 200 S BISCAYNE BLVD 6TH FLOOR
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when re-stamping) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000480511
 04/10/06-80047-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
 NAME RODRIGUEZ, GLORIA
 STREET ADDRESS 8778 SW 8TH STREET
 CITY-ST-ZIP MIAMI, FL 33174

TITLE V
 NAME ESCUDERO, ENRIQUE
 STREET ADDRESS 8778 SW 8TH STREET
 CITY-ST-ZIP MIAMI, FL 33174

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *[Signature]* 3-22-06 305-223-1287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oxytime Phone #