2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # P05000095758 1. Entity Name KELZO ,INC.				en l	01-17-2006 90266 032 ***150.00			
2 48 SW 8 TF	e of Business AVE. F, FL 33009	Mailing Address -248 SW 8TH AVE -HALLANDALE, FL 33009			-			
2. Principal F	Place of Business NE 1867H 57 #, etc.	3. Mailing Address 3. D. N.L. 180 Suite, Apt. #, etc.	STH ST.	01052006	Chg-P	CR2E034 (11/0		
	into set per.	Ny State	IH PL	4. FEI Number	17542	<i>c</i> . —	Applied For Not Applicable	
3318			Country U.S.	5. Certificate of	Status Desired	□ \$8.75 A Fee Requ		
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
CABRALES, BENILEY 248 SW 8TH AVE.				Street Address (P.O. Box Number is Not Acceptable)				
HALLANDALE, FL 33009			2.70	o NR /	8674	<u> </u>		
·			City N.	MIAMI BULL	1	FL Zip S	ode 180	
8. The above the obligat	named entity submits this statement to tions of registered agent.	the purpose of changing its re	gistered office or req	gistered agent, or both,	in the State of Flo	orida. I am familiar wi	th, and accept	
SIGNATURE	(%) J-1-1	4	· <u></u>			1/7	10b	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature re	equired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.(9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	IANGES TO OFF	ICERS AND DIRECTO	DRS IN 11	
TITLE NAME	P CABRALES, BENILEY	☐ Delete	TITLE NAME			Chang		
STREET ADDRESS CITY-ST-ZIP	248 SW 8TH AVE HALLANDALE, FL 33000		STREET ADDRESS CITY - ST - ZIP	2500 NE	186 TH	ST,	2 3	
TITLE	VP	Delete	TITLE	1,14/4/ 1	asey ,	PC /5/8 ☐ Chang		
NAME STREET ADDRESS	LAITAOUI, KARIM 248 SW 8TH AVE		NAME STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Chang	e 🔲 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			☐ Chang	e	
NAME			NAME				C Madition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
NAME		☐ Delete	TITLE NAME			☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				į	
12. I berehv		AL :- (10	CITY-ST-ZIP		Indian Otto Co.	E de la		
	certify that the information supplied with I on this report or supplemental report is	this ming does not quality for t	he exemptions conta	ained in Chapter 119 F	iorida Statutes II	further certify that the	e information	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR