

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066309

**Entity Name:** KALU INVESTMENTS INC.

**Current Principal Place of Business:**

11111 BISCAYNE BLVD APT 455  
JOCKEY CLUB  
MIAMI, FL 33181

**Current Mailing Address:**

11111 BISCAYNE BLVD APT 455  
JOCKEY CLUB  
MIAMI, FL 33181

**FEI Number:** 27-3955247

**Certificate of Status Desired:** No

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

FABRE, FRANK RESQ  
2310 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33134 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 PD  
Name NUNEZ, CARMEN H  
Address 11111 BISCAYNE BLVD APT 455  
City-State-Zip: MIAMI FL 33181

Title EVPT  
Name HELLMUND, LUIS A  
Address 11111 BISCAYNE BLVD APT 1812  
City-State-Zip: MIAMI FL 33181

Title VPS  
Name HELLMUND, LUIS A  
Address 11111 BISCAYNE BLVD APT 1812  
City-State-Zip: MIAMI FL 33181

Title AS  
Name FABRE, FRANK R  
Address 11111 BISCAYNE BLVD APT 455  
City-State-Zip: MIAMI FL 33181

*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:** CARMEN H NUNEZ

PD

03/20/2013

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

\_\_\_\_\_  
Date