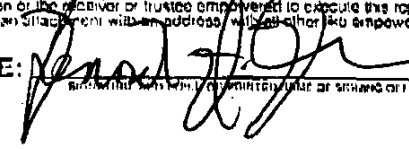


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DELSANTO

**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90057 022 ***150.00

DOCUMENT # 497203					
1. Entity Name KLIBANER SALES AGENCY, INC.					
Principal Place of Business PO BOX 2265 ROSWELL GA 30079 US			Mailing Address PO BOX 2265 ROSWELL GA 30079 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-1965805	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLIBANER, EMANUEL 7805 SW 139 TERR MIAMI FL 33158			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 _____ Signature typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when withdrawing)					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLIBANER, EMANUEL 7805 SW 139 TERR MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KLIBANER, KENNETH 510 HOUZE WAY ROSWELL GA 30076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add/Rev
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; changed, or on an attachment with an address, with an other who empowered.					
X SIGNATURE: 					

SIGNATURE OF THE REGISTERED AGENT OR SECRETARY OF THE CORPORATION