
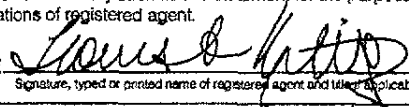
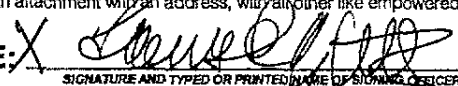


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 573748 1. Entity Name KLIMETZ, INC.		
Principal Place of Business 10789 BISCAYNE BLVD MIAMI, FL 33161		Mailing Address 10789 BISCAYNE BLVD MIAMI, FL 33161
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLIMETZ, THOMAS 15740 SURREY CIR DAVIE, FL 33331		DO NOT WRITE IN THIS SPACE
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:  <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLIMETZ, THOMAS 15740 SURREY CIR DAVIE, FL	DO NOT WRITE IN THIS SPACE J000000394937 01/26/06-80032-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLIMETZ, BONNIE 15740 SURREY CIR DAVIE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1839154

Applied For
Not Applicable

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

Date Daytime Phone #