


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # G98296 |  |
| 1. Entity Name KLEX CORPORATION | |

| | |
|---|---|
| Principal Place of Business 7905 SW 86 ST APT 601 MIAMI, FL 33143 | Mailing Address 7905 SW 86 ST APT 601 MIAMI, FL 33143 |
|---|---|

DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-2543826 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**RIVERA, RAUL F
7905 SW 86 ST
APT 601
MIAMI, FL 33143**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | PT RIVERA, RAUL F. 7905 SW 86 ST APT 601 MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS RIVERA, OLGA PATRICIA 7905 SW 86 ST APT 601 MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U000000883337
04/16/08-80076-014 150.00

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, 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:  **April 5, 08** **1305 109 2687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #