

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000041989**

1. Entity Name  
**KLEIN MOTORS, INC.**



Principal Place of Business  
**2198 NE 163RD ST.  
NORTH MIAMI BEACH, FL 33131**

Mailing Address  
**2198 NE 163RD ST.  
NORTH MIAMI BEACH, FL 33131**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1004338**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KURKIN, ALEX J ESQ.  
ONE BISCAYNE TOWER  
2 S. BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	OSTROVSKY, HELIO
STREET ADDRESS	TWO S. BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	OSTROVSKY, EVA LEA
STREET ADDRESS	TWO S. BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	KLEIN, MICHAEL
STREET ADDRESS	TWO S. BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000184308  
01/20/05-80015-025 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Helio Ostrovsky*  
**Helio Ostrovsky**

**305-493-5080**