


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 014 ***158.75

DOCUMENT # P01000002268

1. Entity Name
KLYM RITE SYSTEM, INC



Principal Place of Business Mailing Address

274 WILSHIRE BLVD **274 WILSHIRE BLVD**
SUITE 220 **SUITE 220**
CASSELBERRY, FL 32707 **CASSELBERRY, FL 32707**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HERNANDEZ, MIGUEL A
~~5824 SW 146 CT~~ *267*
~~MIAMI, FL 33183~~

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 **PD** Delete

NAME **HERNANDEZ, MIGUEL A**

STREET ADDRESS **5824 SW 146 CT**

CITY-ST-ZIP **MIAMI, FL 33183**

TITLE *President* Change Addition

NAME *Hernandez, Miguel A*

STREET ADDRESS *267 12 League Circle*

CITY-ST-ZIP *Casselberry FL 32707*

TITLE **VD** Delete

NAME **HERNANDEZ, LYDIA T**

STREET ADDRESS **5824 SW 146 CT**

CITY-ST-ZIP **MIAMI, FL 33183**

TITLE *V.P.* Change Addition

NAME *Hernandez, Lydia T*

STREET ADDRESS *267 12 League Circle*

CITY-ST-ZIP *Casselberry FL 32707*

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

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TITLE Change Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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]* Date *1/16/04* Daytime Phone # *407-696-6667*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #