

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90041 031 ***158.75

DOCUMENT # P01000002268			
1. Entity Name KLYM RITE SYSTEM, INC			
Principal Place of Business 238 WILSHIRE BLVD SUITE 165 CASSELBERRY, FL 32707		Mailing Address 238 WILSHIRE BLVD SUITE 165 CASSELBERRY, FL 32707	
2. Principal Place of Business - No P.O. Box # <i>242 Wilshire Blvd</i>		3. Mailing Address <i>242 Wilshire Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Casselberry FL</i>		City & State <i>Casselberry FL</i>	
Zip <i>32707</i>		Zip <i>32707</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-1064875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HERNANDEZ, MIGUEL A 267 12 LEAGUE CIR CASSELBERRY, FL 32707		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 		Miguel A Hernandez PRES. 3/18/08	
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, MIGUEL A 267 12 LEAGUE CIRCLE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Miguel A Hernandez Pres 3/18/08 (407) 696-6667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	