## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P01000031484** KELM PROPERTIES, INC. Principal Place of Business Mailing Address 7114 NW 72ND AVE 7114 NW 72ND AVE MIAMI, FL 33166 MIAMI, FL 33166 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1089462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAU, MARCOS A DO NOT WRITE 7114 NW 72ND AVE MIAMI, FL 33166 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAU, MARCOS A NAME STREET ADDRESS 7114 NW 72ND AVE CITY-ST-ZIP MIAMI, FL 33166 U00000725693 TITLE 05/03/07-80032-023 150.00 NAME FERNANDEZ, PEDRO M 7114 NW 72ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 endress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR