

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90013 010 \*\*\*150.00

DOCUMENT # P01000041856

1. Entity Name

Kloofpalm Inc.



**DO NOT WRITE IN THIS SPACE**

44022691

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1019 Elgin Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 190785

Suite, Apt. #, etc.

City & State

Key West, FLORIDA

City & State

Miami Beach FL

4. FEI Number

59-3712472

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Christine E. Jansen

Street Address (P.O. Box Number is Not Applicable)  
1019 Elgin Lane

City Key West

FL 33040

**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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSD  
CHRISTINE E. JANSEN  
1019 Elgin Lane  
Key West, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE E. JANSEN

Christine E. Jansen

3-25-04

305-804-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGN & DATE + PHONE

PHYSICAL ADDRESS

CR2E034B (12/02)