2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # P02000074487 1. Entity Name KLAVES, INC.						0171 009 ***150.	00	
Principal Plac	e of Business	Mailing Address			įυν-			
711 BILTMORE WAY #603		711 BILTMORE WAY #603						
CORAL GABLES, FL 33134		SUITE D206						
		CORAL GABLES, FL 3313	34	I COMPANIE NO A	4 114 11511 5511 4411 2 51	(1 SSIN 188) SISI SISS (6) II		
2. Principal Place of Business		3. Mailing Address THE DITTMENE WAY			8/18/4/5/4/5/5/4/5/5/5/5/5/5/5/5/5/5/5/5/5/			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006	Chg-P	CR2E034 (11/05)		
City & State	e	City & State 67	3/55-71	4. FEI Number 16-1615		 	pplied For ot Applicable	
Zip	Country	Zip 7/24	Country		of Status Desired	S8.75 Ad		
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·		
			Name					
KUVE, ALEXA								
711 BILTMORE WAY #603			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
CORAL G	ABLES, FL 33134							
			City			FL Zip Co	de	
• The shows	named entity submits this statement fo	e the surpose of changing its re	agistored office or regio	torod agon: or both	in the State of El		and accord	
	inamed entity submits this statement to tions of registered agent.	r the purpose of changing as re	systered onice or regis	gered agent, or bon	i, in the state of re	unua. Tam kamilai witi	, апи ассері	
SIGNATURE.		· · · · · · · · · · · · · · · · · · ·						
1	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE: I	Registered Agent signature requ	ired when reinstating)		DATE		
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FIL After M	E NOW!!! FEE IS \$150.00	g. Election Campaign Trust Fund Contrib	n Financing\$	5.00 May Be dded to Fees	CHANGES TO OFF		RS IN 11	
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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 embowered 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/06 305

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