

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074487

Entity Name: KLAVES, INC.

FILED  
Jan 13, 2008  
Secretary of State

## Current Principal Place of Business:

711 BILTMORE WAY #603  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1581 BRICKELL AVENUE  
1402  
MIAMI, FL 33129

## Current Mailing Address:

325 S. BISCAYNE BLVD  
1526  
MIAMI, FL 33131

## New Mailing Address:

1581 BRICKELL AVENUE  
1402  
MIAMI, FL 33129

FEI Number: 16-1615242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUVE, ALEXA  
325 S. BISCAYNE BLVD  
1526  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

KUBE, ELIDE  
1581 BRICKELL AVENUE  
1402  
MIAMI, FL 33129 US

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.

SIGNATURE: ELIDE KUBE

01/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: KUVE, ALEXA  
Address: 325 S. BISCAYNE BLVD, #1526  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete  
Name: DE RODRIGUEZ, LINDA KUBE  
Address: 711 BILTMORE WAY #603  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KUBE, ELIDE  
Address: 1581 BRICKELL AVENUE #1402  
City-St-Zip: MIAMI, FL 33129

Title: PRES (X) Change ( ) Addition  
Name: DE RODRIGUEZ, LINDA  
Address: TEN ARAGON AVENUE #707  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIDE KUBE

PRES

01/13/2008

Electronic Signature of Signing Officer or Director

Date