



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90737 013 \*\*\*150.00

|  |   |  |   |  |   |  |
|--|---|--|---|--|---|--|
| <b>DOCUMENT # P02000099012</b><br>1. Entity Name<br><b>KLA MIAMI, INC.</b>   |   |  |   |                             |   |  |
| Principal Place of Business<br><b>4385 SW 112TH AVENUE<br/>MIAMI FL 33165</b>  |   |  |   | Mailing Address<br><b>4385 SW 112TH AVENUE<br/>MIAMI FL 33165</b>  |   |  |
| 2. Principal Place of Business<br><i>Beauty Trek KLA MIAMI</i><br>Suite, Apt. #, etc.<br><b>6745 SW 56 ST</b><br>City & State<br><b>Miami FL</b><br>Zip<br><b>33155</b> Country<br><b>USA</b>  |   | 3. Mailing Address<br><b>11022 SW 166 Terr</b><br>Suite, Apt. #, etc.<br><b>Miami FL</b><br>City & State<br><b>Miami FL</b><br>Zip<br><b>33157</b> Country<br><b>USA</b> |   | <br>MOORE CR2E034 (11/03) |   |  |
| 4. FEI Number <b>47-0892950</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>THI LE HUE</b><br><b>4385 SW 112TH AVENUE</b><br><b>MIAMI FL 33165</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>THI LE HUE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11022 SW 166 Terr</b><br><b>MIAMI FL 33157</b><br>City <b>FL</b> 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.<br>SIGNATURE <i>[Signature]</i> <b>THI LE HUE</b> DATE <b>04-14-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>THI LE, HU PD<br>4385 SW 112TH AVENUE<br>MIAMI FL 33165       | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P. THI LE HUE<br>11022 SW 166 Terr<br>Miami FL 33157              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SEC<br>ANIS, SHAGUFTA SEC<br>4385 SW 112TH AVENUE<br>MIAMI FL 33165 | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <b>04-14-04</b> Daytime Phone  |  |   |  |