
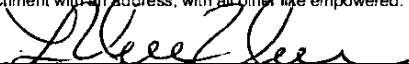


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90043 012 \*\*\*150.00

<b>DOCUMENT # P02000099012</b> 1. Entity Name <b>KLA MIAMI, INC.</b>			
Principal Place of Business <b>BEAUTY TREK KLANIAU</b> <b>5215 SW 56 ST</b> <b>MIAMI, FL 33155</b>		Mailing Address <b>11022 SW 166 TERR</b> <b>MIAMI, FL 33157</b>	
2. Principal Place of Business <b>BEAUTY TREK</b> Suite, Apt. #, etc. <b>6745 SW 56 ST.</b>		3. Mailing Address <b>11022 SW 166 TERR</b> Suite, Apt. #, etc. 	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33155</b>		Zip <b>33157</b>	
Country <b>DADE</b>		Country <b>DADE</b>	
4. FEI Number <b>47-0892950</b>		Applied For <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  <b>THI LE, HUE</b> <b>11022 SW 166 TERR</b> <b>MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____		DATE <b>1/22/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing 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 <b>P</b> NAME <b>THI LE, HU PD</b> STREET ADDRESS <b>11022 SW 166 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>HUE T. LE</b> NAME <b>11022 SW 166 TERR</b> STREET ADDRESS <b>MIAMI FL 33157</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>HUE T. LE</b> NAME <b>11022 SW 166 TERR</b> STREET ADDRESS <b>MIAMI FL 33157</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 title empowered.			
SIGNATURE: 		DATE <b>1/22/05</b> DAYTIME PHONE # <b>305 740 8181</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	