2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005
Secretary of State

DOCUMENT# P02000126051

Entity Name: KLS BUSINESS SOLUTIONS, CORP.

Current Principal Place of Business:

780 N.W. 42ND AVE.
SUITE 420
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

CCS 4087 PO BOX 025323
MIAMI, FL 33102

New Mailing Address:

FEI Number: 05-0562214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZZA-MARTINEZ, TANIA A
780 N.W. 42ND AVE.
SUITE 420
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PIEDRA, AURELIO A
780 N.W. 42ND AVE.
SUITE 516
MIAMI, FL 33126 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: AURELIO A PIEDRA 08/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOFFAN, REINALDO
Address: 780 N.W. 42ND AVE.SUITE 420
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: LEONARD, CHARLES
Address: 780 N.W. 42ND AVE.SUITE 420
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: SILVA, JUAN C
Address: 780 N.W. 42ND AVE.SUITE 420
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REINALDO HOFFMAN D 08/08/2005
Electronic Signature of Signing Officer or Director Date