

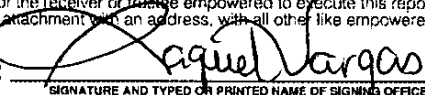


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90169 019 ***158.75

DOCUMENT # P03000103840 1. Entity Name KELUD MARKETING SERVICES, INC.					
Principal Place of Business 16315 NW 48 AVE. MIAMI LAKES, FL 33014			Mailing Address 16315 NW 48 AVE. MIAMI LAKES, FL 33014		
2. Principal Place of Business 16035 NW 64TH AVE		3. Mailing Address 16035 NW 64TH AVE			
Suite, Apt. #, etc. 311		Suite, Apt. #, etc. 311		03102005 Chg-P CR2E034 (10/03)	
City & State MIAMI LAKEs		City & State miami LAKEs		4. FEI Number 06-1710277	
Zip 33014		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, RAQUEL 11631 SW 2 AVE. #306 PEMBROKE PINES, FL 33025				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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PS VARGAS, RAQUEL 16035 NW 64TH AVE # 311 HIALEAH, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VICE- PRES. CHRISTIAN VONHAUSEN 16035 NW 64 AVENUE # 311 MIAMI LAKES, FL. 33014			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	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 like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: April 2005 Daytime Phone # _____					