




**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # P03000103840</b>				04-11-2006 90118 006 ***150.00	
1. Entity Name <b>KELUD MARKETING SERVICES, INC.</b>					
Principal Place of Business <b>16035 NW 64TH AVE 311 MIAMI LAKES, FL 33014</b>		Mailing Address <b>16035 NW 64TH AVE 311 MIAMI LAKES, FL 33014</b>			
2. Principal Place of Business <b>7601 EAST TREASURE DR.</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>2012</b>		Suite, Apt. #, etc.		03262006 Chg-P CR2E034 (11/05)	
City & State <b>North Bay Village</b>		City & State		4. FEI Number <b>06-1710277</b>	
Zip <b>33141</b>		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VARGAS, RAQUEL 11631 SW 2 AVE. #306 PEMBROKE PINES, FL 33025</b>		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VONHAUSEN, CHRISTIAN 16035 NW 64TH AVE # 311 HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemptions contained 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 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:  <b>RAQUEL VARGAS</b> 4/1/2006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					