2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
03-18-2005 90049 004 ***150.00

DOCUMENT # P04000010103

1. Entity Name
KELI, INC.

Principal Place of Business	Mailing Address
1250 WEST AVE APT. 40 MIAMI BEACH, FL 33139	1250 WEST AVE APT. 40 MIAMI BEACH, FL 33139

66U15441

01182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 191114	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Miami Beach, FL	
Zip	Country	Zip: 33119	Country: USA

4. FEI Number: 57-1197725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, RAQUEL
1250 WEST AVE APT. 40
MIAMI BEACH, FL 33139

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 [signature] 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORTIZ, RAQUEL		NAME		
STREET ADDRESS	P.O. BOX 191114		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33119		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORTIZ, RAQUEL		NAME		
STREET ADDRESS	P.O. BOX 191114		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33119		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 3-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #