

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90266 027 ***150.00

DOCUMENT # P04000032556

1. Entity Name
K.L.Y. INVESTMENT, INC.



Principal Place of Business
1351 SW 2ND STREET
#2
MIAMI, FL 33135

Mailing Address
1351 SW 2ND STREET
#2
MIAMI, FL 33135

2. Principal Place of Business
1351 SW 2ND STREET

3. Mailing Address
1351 SW 2ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33135

33135

04092005

Chg-P

CR2E034 (10/03)

4. FEL Number

20-0756799

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAVASTIDA, YUNEISY
1351 SW 2ND STREET
#2
MIAMI, FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

1351 SW 2ND STREET

APT #3

City

Miami

FL

Zip Code

33135

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

Yuneisy Lavastida

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/05

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

TITLE P
NAME LAVASTIDA, YUNEISY
STREET ADDRESS 1351 SW 2ND STREET #2
CITY- ST- ZIP MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
1351 SW 2ND STREET #3
Miami FL 33135

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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

Yuneisy Lavastida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05

Date

3055412418

Daytime Phone *