

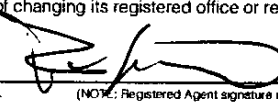
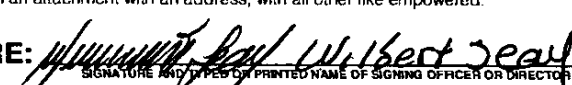


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000111588					
1. Entity Name KLAYRR'S AGENCY, INC.					
Principal Place of Business 4301 NW 120TH LANE SUNRISE, FL 33323			Mailing Address 4301 NW 120TH LANE SUNRISE, FL 33323		
2. Principal Place of Business 686 NW 112 th Street Suite, Apt. #, etc.		3. Mailing Address 686 NW 112 th Street Suite, Apt. #, etc.		FILED 05 SEP 13 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
City & State Miami, FL Zip 33168 Country USA		City & State Miami, FL Zip 33168 Country USA		4. FEI Number 55-0877836 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JEAN-JOSEPH, CLAIRE 4301 NW 120TH LANE SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name RAGUEL LAZARD Street Address (P.O. Box Number is Not Acceptable) 686 NW 112 th Street City MIAMI FL Zip Code 33168		
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 <u>RAGUEL LAZARD</u>  DATE <u>9/05/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PTD JEAN-JOSEPH, CLAIRE PTD 4301 NW 120TH LANE SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILBERT JEAN 686 NW 112 th Street MIAMI FL 33168	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAZARD, RAGUEL VD 4301 NW 120TH LANE SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAZARD, RAGUEL 686 NW 112 th Street MIAMI FL 33168	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059738924 09/19/05--01039--002 ***61.25	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		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: 				Date <u>9/05/05</u> Daytime Phone # <u>305 754 0088</u>	