2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008182

Entity Name: KLAZZ, INC.

FILED Sep 16, 2008 Secretary of State

Current F	Principal Place	of Business:	New Principal Place	of Business:
	CHNESS DRIVE KES, FL 33014			
Current Mailing Address:			New Mailing Address:	
	CHNESS DRIVE KES, FL 33014			
FEI Number	r: 20-8409030	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
401 EAST	AN, ROTHSTE LAS OLAS BL' ERDALE, FL 3	VD., STE 1650		
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	IRE:			
SIGNATU		ic Signature of Registered Ag	ent	Date
In accordar	Electron	3(2)(b), F.S., the corporation did no		Date
In accordar Election Ca	Electron	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTOR
In accordar Election Ca OFFICER Title: Name: Address:	Electron nce with s. 607.19 Impaign Financing	3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS: Delete MUEL SS DRIVE	ot receive the prior notice.	
In accordar Election Ca	Electron nce with s. 607.19 Impaign Financing S AND DIREC P () GONZALEZ, SA 7370 LOCHNES MIAMI LAKES,	3(2)(b), F.S., the corporation did not provided in the provide	ot receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
In accordar Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron nce with s. 607.19 Impaign Financing S AND DIREC P () GONZALEZ, SA 7370 LOCHNES MIAMI LAKES, V () GONZALEZ, IR 7370 LOCHNES MIAMI LAKES,	3(2)(b), F.S., the corporation did no Trust Fund Contribution (). TORS: Delete WIUEL SS DRIVE FL 33014 Delete AIDA SS DRIVE FL 33014 Delete LTONIO SS DRIVE Delete	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL GONZALEZ D 09/16/2008