2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# P07000008182

Entity Name: KLAZZ, INC.

Current Principal Place of Business:

7370 LOCHNESS DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

7370 LOCHNESS DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-8409030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KITTERMAN, ROTHSTEIN
401 EAST LAS OLAS BLVD., STE 1650
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GONZALEZ, SAMUEL
401 EAST LAS OLAS BLVD., STE 1650
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE: SAMUEL GONZALEZ 10/07/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GONZALEZ, SAMUEL
Address: 7370 LOCHNESS DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: V ( ) Delete
Name: GONZALEZ, IRAIDA
Address: 7370 LOCHNESS DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: GONZALEZ, ANTONIO
Address: 7370 LOCHNESS DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: GONZALEZ, DARLENE
Address: 7370 LOCHNESS DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 P 10/07/2009
Electronic Signature of Signing Officer or Director Date