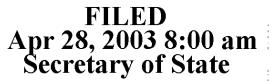
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700062362



1. Entity Nam KEY LOG	ESTICS SOLUTIONS, INC.		TABLE TO			(	)4-28-2003	91472 04	4 ***150	0.00
Principal Plac 2255 NW 102N MIAMI FL 3317	ND PLACE	Mailing Address 2255 NW 102ND PLACE MIAMI FL 33172								
2. Principal P	lace of Business V.W 35th. LANE	3. Mailing Address			$\dashv$					
Suite, Apt. #, etc. SUITE 140		Suite, Apt. #, etc.				Ľ ci	HECK HERE IF	MAKING C	HANGES	
City & State MIAMI, FL		City & State			<b>4.</b> F	El Number 65	-0770046			oplied For ot Applicable
Zip 33	172 Country USA	Zip	Country		<b>5.</b> C	Certificate of Stat	tus Desired		8.75 Add e Required	
	6. Name and Address of Current	Registered Agent		Name _		lame and Addre			ent	
	WSKI, DANIEL A 102ND PLACE 33172			Do/	ss (P.O. Bo	eews.k-1= ox Numberisho 335 rtm.		5017E	14 Zip Code	0 8172-
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.				stered age		ne State of Flori	da. I am fan	illiar with, i	and accept
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of						Campaign Fina d Contribution.			May Be to Fees
10.	OFFICERS AND		11.		ADI	DITIONS/CHAN	IGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Domaszewski, daniel a 2255 NW 102ND Place Miami Fl 33172	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS F	11 AM	在US/ N·W 1 干了,	10 Day 42 ZE 17 188	いこし	Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET /	ADDRESS - ZIP				С	] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS -zip				Г	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP				· <u>·····</u> C	_ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver entrustee emp or on an attachment with an address.	s true and accurate and that wered to execute this repor	i my signature rt as required	e shall have th	he same li	edal effect as if	made under oa	ith; that I am	an onicer	or director

**SIGNATURE**