


07/10/2006 16:07 9544520790

7: **FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90138 045 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000091372</b>		
1. Entity Name <b>KLEY, INC.</b>		
Principal Place of Business <b>2000 TOWERSIDE TERRACE APT. 408 MIAMI, FL 33138</b>		Mailing Address <b>C/O VIVIAN KLEPACH 2000 TOWERSIDE TERRACE, APT. 408 MIAMI, FL 33138</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>KLEPACH, VIVIAN 2000 TOWERSIDE TERRACE APT. 408 MIAMI, FL 33138</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and see 9 applicable. (NOTE: Registered Agent signature required when necessary)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$50.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D KLEPACH, VIVIAN C/O 200 TOWERSIDE TERRACE MIAMI, FL 33138</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D KLEPACH, VIVIAN 2000 TOWERSIDE TERRACE, APT. 408 MIAMI, FL 33138</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: <u><i>Vivian Klepach</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF PREPARED OFFICER OR DIRECTOR</small> Date _____ Dorsline Photo ? _____		

66022872



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0790884** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

ATTACHMENT

66022872

P97000091372

August 2, 2006

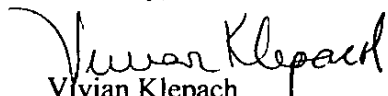
Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

Dear Sirs,

Enclosed please find a copy of the mailed annual report due for Kley Inc, and a letter of explanation and request to waiver the late fee for not filing in a timely manner. Unfortunately, I did not receive a notice that payment was due and consequently was not Able to file on time. Also, during this time, period from the end of January till the end of April, I became very ill and had to be hospitalized twice. If necessary I can provide paperwork to show my hospital admissions. Anything you could do to waive the extra fee of \$400.00 would be highly appreciated. I thank you in advance for your consideration and kind help and attention to this matter.

Thank you,

Sincerely,

  
Vivian Klepach  
Kley Inc  
2000 towerside terrace  
Miami fla 33138