

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90095 046 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000001431

1. Entity Name
K.L.W. INVESTMENTS, INC.



Principal Place of Business
1020 NORTHWEST 62ND STREET
FORT LAUDERDALE, FL 33309

Mailing Address
BOX 81200
ALBUQUERQUE, NM 87198



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

74-2900481

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTINGTON, KEELY
1020 NORTHWEST 62ND STREET
FORT LAUDERDALE, FL 33309

Name
REYES, KEELY W
Street Address (P.O. Box Number is Not Acceptable)
1020 NW 62ND ST

City
FT LAUDERDALE

FL

Zip Code
33309

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 the new agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
WHITTINGTON, KEELY
STREET ADDRESS
1020 NORTHWEST 62ND STREET
CITY- ST- ZIP
FORT LAUDERDALE, FL 33309

☐ Delete

TITLE
D
NAME
REYES, KEELY W
STREET ADDRESS
1020 NW 62ND ST
CITY- ST- ZIP
FT LAUDERDALE, FL 33309

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☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 30 04

Date

Daytime Phone #