2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000076586

1. Entity Name
K.L.F. PROPERTIES, INC.

Principal Place of Business	Mailing Address
45 N.W. 4TH STREET	45 N.W. 4TH STREET
HOMESTEAD, FL 33030	HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0946250	Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, JAMES R JR, CPA
48 N.E. 15 STREET
HOMESTEAD, FL 33030

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FAGAN, LINDA R
STREET ADDRESS	17305 SW 300TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33033

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000354296
05/03/05-80102-009 150.00

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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: _Linda R. Fagan_   _Linda R. Fagan_   4/29/05   305·246·8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #