2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #329200

1. Entity Name KAYJO, INC.



FILED Jul 06, 2007 8:00 am **Secretary of State**

07-06-2007 90020 029 ***550.00

Principal Place of Business

71 HARBOR DR. KEY BISCAYNE, FL 33149 Mailing Address 166 HARBOR DRIVE

GO W. HASHTA DR #6

BISCAYNE, FL 33149 KEY BISCAYNE, FL 33/49

DO NOT WRITE IN THIS SPACE

07022007

No Chq-P

CR2E034 (11/05)

4. FEI Number 59-1219280

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, CPA. K 50 W MASHTA DRIVE SUITE 6 KEY BISCAYNE, FL 33149 DO NOT WRITE IN THIS SPACE

	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, the obligations of registered agent.	I am familiar with, and accept
SIC	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Di	ue by September 14, 2007	Trust Fund Contribution.
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, MICHAEL C 325 REDWOOD LANE KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYAN, ROBIN J 1444 GROVE STREET EUSTIS, FL 32726	
NAME STREET ADDRESS CITY-ST-ZIP	SD TIWARI, LESLIE 1717 N. BAYSHORE DRIVE, APT. 25: MIAMI, FL 33132	38
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RHEW, PRISCILLA J 2610 BIRD AVE. COCUNUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEW, EDWIN E 1115 BROOKVIEW DRIVE BRENTWOOD, TN 37027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 his 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 will an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR