


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb-14, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000763	
1. Entity Name KLAI-JUBA ARCHITECTS, LTD., INC.	
	
Principal Place of Business 4444 WEST RUSSELL ROAD, SUITE J LAS VEGAS, NV 89118	Mailing Address 4444 WEST RUSSELL ROAD, SUITE J LAS VEGAS, NV 89118



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0345158	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KLAI, JOHN R II 2113 REDBIRD LANE LAS VEGAS, NV 89134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUBA, DANIEL J 8788 JEWEL RIDGE AVENUE LAS VEGAS, NV 89113
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JOHN R KLAI II
PRESIDENT*

8.11.05

708.221.2254