

7/13

07-13-2004 90006 049 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000045693

1. Entity Name
KALAJ MANAGEMENT, INC.

Principal Place of Business
2855 LONG PUTT CT
PALM HARBOR, FL 34683

Mailing Address
2855 LONG PUTT CT
PALM HARBOR, FL 34683



66430985



07012004 No Chg-P CR2E034 (10/03)

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4. FEI Number
11-3848019

Applied For
 No; Applicable

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

6. Name and Address of Current Registered Agent

KALAJ, LUIGI
2855 LONG PUTT CT
PALM HARBOR, FL 34683

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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: *Luigi Kalaj* DATE: 7/7/04

Signature of officer or principal officer of registered agent (Section 4 Application) DATE: Registered Agent signature required when registering

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

FILE NOW! FEE IS \$150.00 Due by September 8, 2004

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | KALAJ, LUIGI |
| STREET ADDRESS | 2855 LONG PUTT CT. |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| TITLE | PRESIDENT |
| NAME | LUIGI KALAJ |
| STREET ADDRESS | 2855 LONG PUTT CT |
| CITY-ST-ZIP | PALM HARBOR FL 34683 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 no other like empowers.

SIGNATURE: *Luigi Kalaj* DATE: 7/23/04

Signature and typed or printed name of officer or director

727-799-6220