2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 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

01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0345158 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KLAI, JOHN R II
STREET ADDRESS	2113 REDBIRD LANE
CITY-ST-ZIP	LAS VEGAS, NV 89134
TITLE	VD
NAME	JUBA, DANIEL J
STREET ADDRESS	8788 JEWEL RIDGE AVENUE
CITY-ST-ZIP	LAS VEGAS, NV 89148
TITLE	D
NAME	WALD, JOHN B
STREET ADDRESS	10470 ABBOTSBURY DRIVE
CITY-ST-ZIP	LAS VEGAS, NV 89135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000072566
04/10/08-80044-012 150.00

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12. I hereby certify that the information supplied with this filing 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 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: _____ 3-24-08 702-221-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #