



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K38675			
1. Entity Name KALIL/FARAH, INC.			
Principal Place of Business 515 MAIN STREET JACKSONVILLE, FL 32202		Mailing Address 8181 SABAL OAK WAY JACKSONVILLE, FL 32256	
DO NOT WRITE IN THIS SPACE			
		 04252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2928929	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALIL, JOHN S 8181 SABAL OAK WAY JACKSONVILLE, FL 32256		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100001555785 05/16/06-80046-021 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALIL, KEVIN 8181 SABAL OAK WAY JACKSONVILLE, FL 32256		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARAH, SUAD 3754 SAN VISCAYA JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KALIL, JOHN S. 8181 SABAL OAK WAY JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____	Daytime Phone # _____