

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90296 029 \*\*\*155.00

<b>DOCUMENT # P02000105810</b> 1. Entity Name <b>EL KAJIBO, INC.</b>			
Principal Place of Business <b>5418 LAKE MARGARET DR., APT. #1019 ORLANDO, FL 32812</b>		Mailing Address <b>5418 LAKE MARGARET DR., APT. #1019 ORLANDO, FL 32812</b>	
2. Principal Place of Business <b>5800 LAKESIDE DRIVE</b> Suite, Apt. #, etc. <b>APT. # 1107</b> City & State <b>MARGATE, FL.</b> Zip <b>33063</b>		3. Mailing Address <b>5800 LAKESIDE DRIVE</b> Suite, Apt. #, etc. <b>APT. # 1107</b> City & State <b>MARGATE, FL.</b> Zip <b>33063</b>	
4. FEI Number <b>03-0487310</b>		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  <b>KNESKI, PETER 19 WEST FLAGLER STREET 807 BISCAYNE BLDG. MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SCHOTT, RAFAEL STREET ADDRESS 5418 LAKE MARGARET DR., APT. #1019 CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE PD NAME SCHOTT, RAFAEL STREET ADDRESS 5800 LAKESIDE DRIVE #1107 CITY-ST-ZIP MARGATE, FL. 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SCHOTT, KIETH R STREET ADDRESS 3186 MINUTEMAN WY. CITY-ST-ZIP HILL AFB, UT 84056	<input type="checkbox"/> Delete	TITLE V NAME SCHOTT, KEITH R. STREET ADDRESS 685 LAVINA DR. CITY-ST-ZIP S. OGDEN, UT. 84403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME SCHOTT, LINDA STREET ADDRESS 5418 LAKE MARGARET DR., APT. #1019 CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE ST NAME Schott, Linda STREET ADDRESS 5800 LAKESIDE DRIVE #1107 CITY-ST-ZIP MARGATE, FL. 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>April 26, 2005</b> <small>Daytime Phone #</small>	