2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105810

Entity Name: EL KAJIBO, INC.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5800 LAKESIDE DR 22340 CALIBRE CT.

APT 406 APT 1107

POMPANO BEACH, FL 33063 BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

5800 LAKESIDE DR 22340 CALIBRE CT.

APT 1107 **APT 406**

POMPANO BEACH, FL 33063 BOCA RATON, FL 33433

FEI Number: 03-0487310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNESKI, PETER 19 WEST FLAGLER STREET 807 BISCAYNE BLDG. MIAMI, FL 33130 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SCHOTT, RAFAEL E SCHOTT, RAFAEL E Name: Name: 5800 LAKESIDE DR #1107 22340 CALIBRE CT. APT. 406 Address: Address:

City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: BOCA RATON, FL 33433

Title: Title: () Delete () Change () Addition

Name: SCHOTT, KIETH R Name: 685 LAVINA DR Address: Address: OGDEN, UT 84403 City-St-Zip: City-St-Zip:

Title: Title: () Delete ST (X) Change () Addition

SCHOTT, LINDA Name: SCHOTT, LINDA Name:

5800 LAKESIDE DR #1107 22340 CALIBRE CT. APT. 406 Address: Address: City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL E. SCHOTT PD 04/29/2007