


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90030 017 \*\*\*150.00

<b>DOCUMENT # P02000108360</b> 1. Entity Name <b>KAILJA INTERNATIONAL, INC.</b>					
Principal Place of Business <b>201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>499 E. Palmetto park Rd Suite, Apt. #, etc. 207</b>		3. Mailing Address <b>499 E. Palmetto park Rd Suite, Apt. #, etc. 207</b>			
City & State <b>Boca Raton FL</b> Zip <b>33432</b>		City & State <b>Boca Raton FL</b> Zip <b>33432</b>		4. FEI Number <b>68-0525328</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</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 _____ (NOTE: Registered Agent signature required when reconstituting) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIAS, CARLOS 201 ALHAMBRA CIRCLE SUITE 177 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 all address with all other like empowered.					
SIGNATURE: _____ <b>PRESIDENT 03/02/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					