

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90098 023 \*\*\*150.00

40055278



02282007 Chg-P CR2E034 (12/06)

4. FEI Number **06-1777377** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # P06000066649  
 1. Entity Name  
 KAJUN KORNER, INC.



Principal Place of Business Mailing Address  
 5901 MADISON AVE ~~5901 MADISON AVE~~  
 TAMARAC, FL 33321 TAMARAC, FL 33321

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**951 SW 4th ave**

City & State City & State  
**Boca Raton FL**

Zip Country Zip Country  
**33432**

6. Name and Address of Current Registered Agent  
 RICHARD, LESLY A  
 11031 MIDDLE GOLF CT  
 TAMARAC, FL 33321

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RICHARD, LESLEY A 11031 MIDDLE GOLF CT TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lesly Richard Date: 4 Mar 07  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT: **LESLEY RICHARD** D Daytime Phone #