



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90026 020 ***150.00

DOCUMENT # P06000070631					
1. Entity Name J. KYLER'S TAKE-OUT INCORPORATED					
Principal Place of Business 21217 NW 37TH AVENUE MIAMI GARDENS, FL 33056 US			Mailing Address 21217 NW 37TH AVENUE MIAMI GARDENS, FL 33056 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 552031			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami Gardens, FL		4. FEI Number 20-4910969	
Zip		Country 33056 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KYLER, BENJAMIN 21217 NW 37TH AVENUE MIAMI GARDENS, FL 33056			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD KYLER, BENJAMIN 21217 NW 37TH AVENUE MIAMI GARDENS, FL 33056		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RHEDA KYLER PO BOX 552031 MIAMI GARDENS, FL 33056	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KYLER, RHEDA P.O. BOX 552031 MIAMI LAKES, FL 33056		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
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: 			Date: 4/26/07 Daytime Phone #: 305-525-9237		