

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 027 ***158.77



DOCUMENT # P06000092235

1. Entity Name
FERJOS, INC

Principal Place of Business
**2248 EAST TAMiami TRAIL
 NAPLES, FL 34113**

Mailing Address
**2248 EAST TAMiami TRAIL
 NAPLES, FL 34113**

2. Principal Place of Business - No P.O. Box #
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3785669

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MELGAR, JOSE F SR
 1440 24 AVE NE
 NAPLES, FL 34120**

7. Name and Address of New Registered Agent

Name **RAYON, EULALIA SRA**

Street Address (P.O. Box Number, is Not Acceptable)
27640 MICHIGAN ST

City **BONITA SPRING FL** Zip Code **34135**

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 *Eulalia Rayon Vazquez*

DATE **05/15/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w/ an reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MELGAR, JOSE F SR	
STREET ADDRESS	2248 EAST TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAYON, EULALIA SRA	
STREET ADDRESS	25501 SPRINGTIDE CT	
CITY-ST-ZIP	BONITA SPRING, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYON, EULALIA SRA	
STREET ADDRESS	27640 MICHIGAN ST	
CITY-ST-ZIP	BONITA SPRING, FL 34135	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL VALLE RAYON, FERNANDO	
STREET ADDRESS	27640 MICHIGAN ST	
CITY-ST-ZIP	BONITA SPRING, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eulalia Rayon Vazquez*

DATE **05/15/07** (239) 774-4283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #