

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000072135

1. Entity Name  
JAYDEN ONE, CORP.



Principal Place of Business  
5035 PALM AVENUE  
HIALEAH, FL 33012 US

Mailing Address  
5035 PALM AVENUE  
HIALEAH, FL 33012 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

GONZALEZ, WILFREDO J  
1340 N.W. 116 ST  
MIAMI, FL 33167

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE PD  Delete  
NAME REYES, RAMON  
STREET ADDRESS 5035 PALM AVE  
CITY-ST-ZIP HIALEAH, FL 33012

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE VS  Delete  
NAME GONZALEZ, WILFREDO J  
STREET ADDRESS 1340 N.W. 116 STREET  
CITY-ST-ZIP MIAMI, FL 33167

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

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:

*Ramon Reyes* 4/25/07 (305)558-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Apr 30, 2007 8:00 am  
Secretary of State**

04-30-2007 90827 039 \*\*\*150.00

40092536



04242007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0858305  Applied For  
 Not Applicable

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