

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078172

Entity Name: KIJOMO MANAGEMENT, INC.**Current Principal Place of Business:**300 BEACH DRIVE NE APT 2702
ST PETERSBURG, FL 33701**Current Mailing Address:**300 BEACH DRIVE NE APT 2702
ST PETERSBURG, FL 33701**FEI Number:** 20-0746396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAVAGE, NEIL W
300 BEACH DRIVE NE APT 2702
ST PETERSBURG, FL 33701 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SAVAGE, NEIL W
Address	300 BEACH DRIVE NE APT 2702
City-State-Zip:	ST PETERSBURG FL 33701

Title	VPSD
Name	SAVAGE, JOHN W
Address	435 RAFAEL BLVD NE
City-State-Zip:	ST PETERSBURG FL 33704

Title	VPD
Name	MOENCH, CHRISTOPHER S
Address	1091 EDEN ISLE DR NE
City-State-Zip:	ST PETERSBURG FL 33704

Title	VPTD
Name	SAVAGE, MORGAN W
Address	12033 GANDY BLVD. N. UNIT 133
City-State-Zip:	ST PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MORGAN SAVAGE**MEMBER****01/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date