2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H54923

1. Entity Name
B.J.C.K., INC.

Principal Place of Business	Mailing Address
%6803 N. ARMENIA AVENUE TAMPA, FL 33604	%6803 N. ARMENIA AVENUE TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2544203
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARAVENA, ANGEL
6803 N. ARMENIA AVENUE
TAMPA, FL 33604

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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, 2006 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
NAME	ARAVENA, ANGEL
STREET ADDRESS	6803 N. ARMENIA AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	HUTCHISON, BIANCA
STREET ADDRESS	4602 RIDGE POINT DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	T
NAME	ARAVENA, CRYSTAL
STREET ADDRESS	2839 BAYSHORE TRAILS DR
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000100046243
03/21/06-80107-025 150.00

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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 empowerment.

SIGNATURE: (X) _____ 3-10-06931-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #