

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90225 002 \*\*\*138.75

**DOCUMENT # L07000007744**

1. Entity Name  
JK ENTERPRISE LLC



Principal Place of Business  
1865 BRICKELL AVENUE, APT. #1214  
MIAMI, FL 33129

Mailing Address  
1865 BRICKELL AVENUE, APT. #1214  
MIAMI, FL 33129

**60022549**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-8284356**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFREDO GARCIA-MENOCAL, P.A.  
730 NW 107TH AVENUE, SUITE 115  
MIAMI, FL 33172

Name

**Mariette AZRAK**

Street Address (P.O. Box Number is Not Acceptable)

**1865 BRICKELL AVENUE AP 1214**

City

**Miami**

**FL**

Zip Code

**33129**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME AZRAK, MARIETTE  
STREET ADDRESS 1865 BRICKELL AVENUE, APT. #1214  
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04/10/08 305-860-4883**