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

07-31-2007 90008 026 ***150.00

66021493

2nd MOORE CR2E034 (4/07)

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000162616

1. Entity Name

JILLSZYKAY CORP.

Principal Place of Business	Mailing Address
1000 NW 1ST AVE STE 23 BOCA RATON FL 33432	1000 NW 1ST AVE STE 23 BOCA RATON FL 33432

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1167 Hillsboro Mile	1167 Hillsboro Mile
Suite, Apt. #, etc.: Apt 107	Suite, Apt. #, etc.: Apt. 107
City & State: Hillsboro Beach, FL	City & State: Hillsboro Beach, FL
Zip: 33062 Country: U.S.A	Zip: 33062 Country: U.S.A.

4. FEI Number 22-3619039 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KURTZROCK, JILL S		NAME	
STREET ADDRESS	1000 NW 1ST AVE - STE 23		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] 7/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
16602243
#P05000162616

7/20/07

Please note the number
A check for $150.00 not the $550.00
Required.

This filing was originally sent in over
INTERNET & for some reason was not
Accepted. This was done on time
with Credit Card. Document P05000162616