


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 10 13
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000100094	
1. Entity Name JAKO CORPORATION	

Principal Place of Business C/O LYDIA BOREK REALY 1280 SO. POWERLINE ROAD SUITE 5 POMPAÑO BEACH, FL 33069	Mailing Address C/O LYDIA BOREK REALY 1280 SO. POWERLINE ROAD SUITE 5 POMPAÑO BEACH, FL 33069
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ARVESU, MANUEL M ESQ
100 SE 2ND STREET SUITE 3700
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	GAUTIER, YVONNE
NAME	1280 SO. POWERLINE ROAD SUITE 5
STREET ADDRESS	POMPAÑO BEACH, FL 33069
CITY-ST-ZIP	
TITLE VD	GAUTIER, PHILIPPEE
NAME	1280 SO. POWERLINE ROAD SUITE 5
STREET ADDRESS	POMPAÑO BEACH, FL 33069
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80050-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  12-07-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #