

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000066190

1. Entity Name
JACKE CORP.



Principal Place of Business

4160 W 16TH AVE, SUITE 402
HIALEAH, FL 33012

Mailing Address

4160 W 16TH AVE, SUITE 402
HIALEAH, FL 33012



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1124585

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, JUAN E
4160 W 16TH AVE, SUITE 402
HIALEAH, FL 33012

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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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000787944
01/18/08-80020-007 158.75

10. OFFICERS AND DIRECTORS

TITLE SD
NAME FORTUNY, JUAN C
STREET ADDRESS 168 SE 1ST ST, 12TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE TD
NAME FORTUNY, ARNOLD JR
STREET ADDRESS 168 SE 1ST ST, 12TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE PD
NAME FORTUNY, ARNOLD SR
STREET ADDRESS 168 SE 1ST ST, 12TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD
NAME FORTUNY, EMELY
STREET ADDRESS 168 SE 1ST ST, 12TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/08

305-377-0034