

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # H98412

1. Entity Name
N & K ENTERPRISES INC.



Principal Place of Business

**13700 NW 19TH AVE
BAY2-3**

OPA LOCKA, FL 33054 US

Mailing Address

**13700 NW 19TH AVE
BAY 2-3**

OPA LOCKA, FL 33054 US

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0007169

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**NEVILLE JENNINGS
20281 N.W. 2ND STREET
PEMBROKE PINES, FL 33029**

**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

N/A
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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JENNINGS, NEALE B.
STREET ADDRESS	9250 S CYPRESS CIR
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	PD
NAME	JENNINGS, NEVILLE
STREET ADDRESS	20281 NW 2ND ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	TSO
NAME	JENNINGS, KATHLEEN I
STREET ADDRESS	20281 N.W. 2ND. STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/08-80007-024 158.75

**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 all other like empowered.

SIGNATURE:

Kathleen Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KATHLEEN JENNINGS - 01/14/08 - 305-963-5550