

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010646

FILED  
May 01, 2008  
Secretary of State

Entity Name: JC & K HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

843 NW 132 COURT  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

843 NW 132 COURT  
MIAMI, FL 33182

**New Mailing Address:**

FEI Number: 20-8323726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABO MIJARES, JUAN A  
843 NW 132 COURT  
MIAMI, FL 33182      US

**Name and Address of New Registered Agent:**

CABO, JUAN A  
843 NW 132 COURT  
MIAMI, FL 33182      US

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.

SIGNATURE: JUAN A CABO      05/01/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CABO MIJARES, JUAN A  
Address: 843 NW 132 COURT  
City-St-Zip: MIAMI, FL 33182

Title: VP      ( ) Delete  
Name: CRESPO, KIRENIA  
Address: 843 NW 132 COURT  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: CABO, JUAN A  
Address: 843 NW 132 COURT  
City-St-Zip: MIAMI, FL 33182

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A CABO      P      05/01/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date