


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 016 ***150.00

DOCUMENT # P97000100094

1. Entity Name
JAKO CORPORATION



Principal Place of Business
**C/O LYDIA BOREK REALY
1280 SO. POWERLINE ROAD SUITE 5
POMPANO BEACH FL 33069**

Mailing Address
**C/O LYDIA BOREK REALY
1280 SO. POWERLINE ROAD SUITE 5
POMPANO BEACH FL 33069**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M. ESO
100 SE 2ND STREET SUITE 3700
MIAMI FL 33131

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 re/instating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	GAUTIER, YVONNE	
STREET ADDRESS	1280 SO. POWERLINE ROAD SUITE 5	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GAUTIER, PHILIPPEE	
STREET ADDRESS	1280 SO. POWERLINE ROAD SUITE 5	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **03/28/03 (954) 979 4800**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)