

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H98412

**Entity Name:** N & K ENTERPRISES INC.

**Current Principal Place of Business:**

147 ALHAMBRA CIRCLE  
SUITE 220  
CORAL GABLES, FL 33134

**Current Mailing Address:**

147 ALHAMBRA CIRCLE  
SUITE 220  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0007169

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name JENNINGS, NEALE B.  
Address 9250 S CYPRESS CIR  
City-State-Zip: MIRAMAR FL 33025

Title PD  
Name JENNINGS, NEVILLE  
Address 20281 NW 2ND ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title TSO  
Name JENNINGS, KATHLEEN I  
Address 20281 N.W. 2ND. STREET  
City-State-Zip: PEMBROKE PINES FL 33029

I hereby 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 all other like empowered.

**SIGNATURE:** NEVILLE JENNINGS

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date