

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 549642 1. Entity Name J.I. KISLAK REALTY CORP.		
Principal Place of Business 7900 MIAMI LAKES DR W ATTN CORP TAX HIALEAH, FL 33016	Mailing Address 7900 MIAMI LAKES DR W ATTN CORP TAX HIALEAH, FL 33016	



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1770619	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016

**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 _____
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KISLAK, JAY I 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DRIVE W HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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05/09/07-80057-012 150.00

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (305) 364-4101
Date Daytime Phone #

Christy Rodriguez, VPS