

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90260 039 ***150.00

DOCUMENT # 631565

1. Entity Name

JAKAR ENTERPRISES, INC.



Principal Place of Business

3901 NW 19 ST
LAUDERHILL FL 33311

Mailing Address

3901 NW 19 ST
LAUDERHILL FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1929252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBOUKREK, ISAAC

1073 NW 12 WAY

CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

3901 N.W. 19th ST.

City

LAUDERDALE LAKES FL

Zip Code

33311

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, 2004 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
ALBOUKREK, ISAAC
1340 S. OCEAN BLVD #207
POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

18911 COLLINS AVE #1703
SUNNY ISLES, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
ALBOUKREK, GRACIELA
1340 S. OCEAN BLVD #207
POMPANO BEACH FL 33062

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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SUNNY ISLES, FL 33160

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC
ALBOUKREK

4-26-04

Date

954-486-4230

Daytime Phone #