

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90416 050 ***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

DO NOT WRITE IN THIS SPACE

40059873



01112006 No Chg-P CR2E034 (11/05)

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

ALBOUKREK, ISAAC
3901 N.W. 19TH ST.
LAUDERDALE LAKES, FL 33311

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALBOUKREK, ISAAC
STREET ADDRESS	1073 NW 121 WAY 1891 COLLINS AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071 SUNNY ISLES FL 33160
TITLE	VSD
NAME	ALBOUKREK, GRACIELA
STREET ADDRESS	1073 NW 121 WAY 1891 COLLINS AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071 SUNNY ISLES FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Isaac Alboukrek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-06

954-4860163