

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631565

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: JAKAR ENTERPRISES, INC.

**Current Principal Place of Business:**

3901 NW 19 ST  
LAUDERHILL, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

3901 NW 19 ST  
LAUDERHILL, FL 33311

**New Mailing Address:**

FEI Number: 59-1929252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ALBOUKREK, ISAAC  
Address: 1073 N W 121ST WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VSD ( ) Delete  
Name: ALBOUKREK, GRACIELA  
Address: 1073 NW 121ST WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ISAAC ALBOUKREK

PRES

04/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date