2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830918

Entity Name: J.I. KISLAK, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7900 MIAMI LAKES DR W ATTN CORP TAX MIAMI LAKES, FL 33016				7900 MIAMI LAKES DR W ATTN CORP TAX DEPT. MIAMI LAKES, FL 33016		
Current Mailing Address:				New Mailing Address:		
7900 MIAMI LAKES DR W ATTN CORP TAX MIAMI LAKES, FL 33016			7900 MIAMI LAKES DR W ATTN CORP TAX DEPT MIAMI LAKES, FL 33016			
FEI Number: 2	22-1039750	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name an					Address of N	ew Registered Agent:
COMPLO, CHRISTY 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016 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.						
in the State of Florida.						
SIGNATURE: Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPS () Delete COMPLO, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016		Title: Name: Address: City-St-Zip:		Change () Addition	
Title: Name: Address: City-St-Zip:	DC () E KISLAK, JAY I. 7900 MIAMI LAKI MIAMI LAKES, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E KISLAK, JONATH 7900 MIAMI LAKI MIAMI LAKES, FL	ES DR, W.		Title: Name: Address: City-St-Zip:	D (X) KISLAK, JONATI 7900 MIAMI LAK MIAMI LAKES, F	KES DR, W.
Title: Name: Address: City-St-Zip:	DPT () E BARTELMO, THO 7900 MIAMI LAKE MIAMI LAKES, FL	MAS ES DR, W.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E KISLAK, PHILIP 7 7900 MIAMI LAKE MIAMI LAKES, FL	ES DR, W.		Title: Name: Address: City-St-Zip:	D (X) KISLAK, PHILIP 7900 MIAMI LAK MIAMI LAKES, F	KES DR, W.
Title: Name: Address: City-St-Zip:	VP () E LUBOW, CHERY 7900 MIAMI LAKI HIALEAH, FL 330	ES DRIVE WEST		Title: Name: Address: City-St-Zip:	LUBOW, CHERY	KES DRIVE WEST

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: CHRISTY COMPLO VPS 04/10/2009