## 2008 FOR PROFIT CORPORATION-ANNUAL REPORT

## DOCUMENT # F94000000069

1. Entity Name

J.K.K. REALTY (DELAWARE), INC.



**FILED** Jan 17, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

1201 US HWY 1

**STE 435** NORTH PALM BEACH, FL Mailing Address

1201 US HWY ONE **SUITE 435** 

N. PALM BCH., FL 33408



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3763468

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMINSKI, CAROL A 1201 US HWY ONE SUITE 435 NORTH PALM BCH, FL 33408 DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the p the obligations of registered agent.</li></ol>	urpose of changing its registered office or registered agent, or b .	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
di sai	9. Floation Compaign Financing PE 00	

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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Trust Fund Contribution,

**55.00** May Be Added to Fees

OFFICERS AND DIRECTORS 10. PD TITLE NAME KENNY, J K STREET ADDRESS 1201 US HWY 1 STE 435 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 THILE KAMINSKI, CAROL ANN NAME STREET ADDRESS 1201 US HWY 1 STE 435 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME .

DO NOT WRITE IN THIS SPACE

HARLAM.

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR