

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000042595

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** JK MORALES ENTERPRISES, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

999 PONCE DE LEON BLVD., SUITE 650  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134

**New Mailing Address:**

999 PONCE DE LEON BLVD., SUITE 650  
CORAL GABLES, FL 33134

**FEI Number:** 26-2627995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, JOHNNY  
999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134 US

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

MORALES, JOHNNY  
999 PONCE DE LEON BLVD., SUITE 650  
CORAL GABLES, FL 33134 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.

SIGNATURE:

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORALES, JOHNNY  
Address: 999 PONCE DE LEON BLVD., SUITE 650  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: MORALES, KENIA  
Address: 999 PONCE DE LEON BLVD., SUITE 650  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHNNY MORALES

MGRM

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date