

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90003 030 ***150.00

DOCUMENT # L24868	
1. Entry Name J.K. INTERNATIONAL AUTO, INC.	

Principal Place of Business 6130 IDLE WILD ST #1 FT. MYERS, FL 33912 US	Mailing Address 6130 IDLE WILD ST #1 FT. MYERS, FL 33912 US
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01061461



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0150160	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSE, PROSPERO, 4608 3RD ST LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent Name PROSPERO, JOSE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JOSE, PROSPERO 4608 3RD ST LEHIGH ACRES, FL 33936 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT-5 PROSPERO, JOSE 4608 3RD ST LEHIGH ACRES FL 33936 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PROSPERO, JOSE ABELARDO 4608 3RD ST 902 ARTHUR AVE LEHIGH ACRES, FL 33936 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROSPERO, JOSE ABELARDO 902 ARTHUR AVE. LEHIGH ACRES FL 33936 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOSE PROSPERO **03-19-04**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #