

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L84601

1. Entity Name

J.I. KISLAK REALTY INVESTMENTS, INC.



Principal Place of Business

7900 MIAMI LAKES DRIVE W
MIAMI LAKES, FL 33016 US

Mailing Address

7900 MIAMI LAKES DRIVE W
MIAMI LAKES, FL 33016 US



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0205268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000339636
04/28/05-80079-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KISLAK, JAY I.
STREET ADDRESS	7900 MIAMI LAKES DR WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	DPT
NAME	BARTELMO, THOMAS
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33106
TITLE	V
NAME	LUBOW, CHERYL
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	VS
NAME	RODRIGUEZ, CHRISTY
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	V
NAME	BRAUN, STEPHEN
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 (305) 364-4101