2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

THOMAS BARTELMO, PRESIDENT

SIGNATURE:

Feb 20, 2004 8:00 am Secretary of State DOCUMENT # P00000000914 02-20-2004 90005 033 ***150.00 1. Entity Name JIK COVE, INC. Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE W 7900 MIAMI LAKES DRIVE W MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0972880 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, CHRISTY Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete ☐ Addition TITLE TITLE Bartelmo, thomas BARTELMO, THOMAS NAME NAMÉ STREET ADDRESS 7900 MIAMI LAKES DRIVE W 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 DΡ TITLE TITLE ☐ Delete CD XX Change ☐ Addition NAME KISLAK, JAY I MAME KISLAK, JAY I. STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI, FL 33016 CITY-ST-ZIP MIAMI LAKES, FL TITLE ☐ Delete TITLE Thange ☐ Addition LUBOW, CHERYL NAME NAME LUBOW, CHERYL -STREET ADDRESS 7900 MIAMI LAKES DRIVE W STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP XX Change TITLE ☐ Delete TITLE ☐ Addition RODRIGUEZ, CHRISTY RODRIGUEZ, CHRISTY NAME NAME 7900 MIAMI LAKES DR W STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FE 33016 WEST CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **XX**Addition NAME NAME BRAUN, STEPHEN STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 12. I hereby certify that the information supplied with this filling 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

ICER OR DIRECTOR

FILED

305-364-4106