

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000000914

1. Entity Name
JK COVE, INC.



Principal Place of Business
**7900 MIAMI LAKES DRIVE W
MIAMI LAKES, FL 33016**

Mailing Address
**7900 MIAMI LAKES DRIVE W
MIAMI LAKES, FL 33016**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972880

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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05/09/07-80057-011 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christy Rodriguez, VP

4/23/07 (305) 364-4101