2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000044075

1. Entity Name JIK PROPERTIES, INC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016

Mailing Address

7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04242006

Applied For 4. FEI Number 65-1101607 Not Applicable \$8.75 Additional

5. Certificate of Status Desired 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 registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

1		
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	CD KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
THE NAME STREET ADDRESS CITY-ST-ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
THE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS GITY - ST - ZIP		

U000000546117 05/11/06-80103-009 150.00

DO NOT WRITE IN THIS SPACE

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 attackangent with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR