



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000084849		
1. Entity Name JA KO ENTERPRISES, INC.		
Principal Place of Business 10741 LAGO WELLEBY DRIVE SUNRISE, FL 33351	Mailing Address 10741 LAGO WELLEBY DRIVE SUNRISE, FL 33351	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KONG, OSWALD 10741 LAGO WELLEBY DRIVE SUNRISE, FL 33351		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	KONG, OSWALD	
STREET ADDRESS	10741 LAGO WELLEBY DRIVE	
CITY- ST- ZIP	SUNRISE, FL 33351	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR		



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1131173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/30/04-80000 007-150.00