## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 01000085442

1. Entity Name

## **FILED** Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90146 013 \*\*\*150.00

	Jene R.K	Inc					
	O NOT WRITE	IN THIS S	SPACE	<b>40000</b>	• -		
2. Principal Pla	ace of Business	3. Mailing Address					
Suite, Apt. #, <b>BRAS PLUS</b> 4900 LINTON-BLVD.		Suite, Apt. It, etc.		DO NOT WRITE IN THIS SPACE			
CEDELRAY BEACH, FL: 33445		City		4. FEI Number 65-118462.L	•	Applied For No: Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		75 Additional Required	
11.765 A	ACCUPATION AND PROPERTY.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		7. Name and Address of Current Registered Agent			
			Name	Name			
DO-NOT WRITE			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE					
			City		FL Z	lip Code	
8. The above r	named entity submits this statement for ons of registered agent.	the purpose of changing	its registered office or registe	red agent, or both, in the State of Fl	orida. I am familia	r with, and accept	
SIGNATURE _							
	Spralum, typed or proted name of registered agent a uary 1 - May 1 Fee is \$150.00	id title 1 nop trabts (f)	OTE: Registered Agent signature require	d whan reinstailing)	DATE		
	After May 1; Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State		9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND L	DIRECTORS			- 10 T		
TITLE	Michael I	-				3	
NAME STREET ADORESS	5359 N.W. 106th Drive		IIANE			38	
CTY ST ZIP	Coral Springs, FL	, 33076	STREET ADDRESS			0348	
TITLE	JENE KUGLER	100ng	100 Tes 21 1 7 1			22E	
NAME STREET ADORESS	7400 RADICE CT. #508		NAME STREET ADDRESS	Man Variable	19.00	:	
C:TY-ST-ZIP	LAUDERHILL, FL 33		CITY: ST-ZT				
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CITY-ST-ZIP			CITY-ST-ZP				
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CHY-SI-ZIP	with the late information of the control of	Lia (Pranada and Antonio	CUTY-ST-ZP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12. Unereby 06 indicated of	ertify that the information supplied with the or this report or supplemental report is the control of supplemental report is the control of t	his tring does not qualify:	or the exemption stated in Se	same legal ellect as il made code:	I further certify that	I the information	

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 10 or on an attachment with an address. The receiver of trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 10 or on an attachment with an address.

SIGNATURE: