


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90047 012 \*\*\*150.00

<b>DOCUMENT # P01000086213</b>	
1. Entity Name <b>JACK'S INVESTMENTS CORP.</b>	

Principal Place of Business <b>8877 COLLINS AVENUE, #509 SURFSIDE, FL 33154</b>	Mailing Address <b>8877 COLLINS AVENUE, #509 SURFSIDE, FL 33154</b>
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**24011210**



2. Principal Place of Business <b>21055 Yacht Club Dr</b>	3. Mailing Address <b>21055 Yacht Club Dr</b>
Suite, Apt. #, etc. <b>Apt # 1407</b>	Suite, Apt. #, etc. <b>Apt # 1407</b>
City & State <b>Aventura, Florida</b>	City & State <b>Aventura, Florida</b>
Zip <b>33180</b>	Country <b>USA</b>

02102004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1139956</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>KORN, JACKY 8877 COLLINS AVENUE, #509 SURFSIDE, FL 33154</b>		

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 	DATE <b>2/16/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KORN, JACKY 8877 COLLINS AVENUE, #509 SURFSIDE, FL 33154</b>	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Korn, Jacky 21055 Yacht Club Dr, #1407 Aventura, FL 33180</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>02/16/04</b> Date	<b>(305) 290-2088</b> Daytime Phone #
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