2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2005 08:00 AM DOCUMENT # P01000086213 **Secretary of State** 1. Entity Name JACK'S INVESTMENTS CORP. Principal Place of Business ___ Mailing Address 21055 YACHT CLUB DR 21055 YACHT CLUB DR APT #1407 APT #1407 AVENTURA, FL 33180 AVENTURA, FL 33180 US 03092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1139956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KORN, JACKY DO NOT WRITE 8877 COLLINS AVENUE, #509 SURFSIDE, FL 33154 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KORN, JACKY STREET ADDRESS 21055 YACHT CLUB DR, #1407 03/16/05-80049-013 150.00 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

BE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 790PODD.

Baytime Phone #

FILED