## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # P01000108729** 04-24-2008 90118 033 \*\*\*150.00 1. Entity Name JIK INVESTMENT, INC. ٩. Principal Place of Business Mailing Address 2705 54TH AVE N 2705 54TH AVE N ST. PETERSBURG, FL 33714 ST. PETERSBURG, FL 33714 No Chg-P CR2E034 (11/05) 04192008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0567385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANG, JUNG IL DO NOT WRITE 2705 54TH AVE N IN THIS SPACE ST. PETERSBURG, FL 33714 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 reinstating) DATE 9. Election Campaign Financing \$5.00 мау Ве FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KANG, JUNG IL 2705 54TH AVE N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33714 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE	:
-----------	---

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**