


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000041392 1. Entity Name J & K AMERICAN INC	
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Principal Place of Business 5940 SW 68 ST. SOUTH MIAMI, FL	Mailing Address 5940 SW 68 ST. SOUTH MIAMI, FL
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07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3741538	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent ROHEME, KARE 5940 SW 68 ST. SOUTH MIAMI, FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHEME, KARE 6125 SW 109 ST. MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE

U00000372252
07/11/05-80025-001 50.00

U00000372252
07/11/05-80025-002 500.00

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:  **7-02-05** **305-665-5264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #