

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000105090

1. Entity Name
JK INVESTMENTS OF MIAMI CORPORATION



54065635

Principal Place of Business
3995 PARK AVE.
COCONUT GROVE, FL 33133

Mailing Address
~~P.O. BOX 330625~~
MIAMI, FL 33233



2. Principal Place of Business

3. Mailing Address
The Boston Consulting Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Devonshire House, Mayfair Place

07212004 Chg-P CR2E034 (10/03)

City & State

City & State
London

4. FEI Number
05-0541472

Applied For
Not Applicable

Zip

Country

Zip

Country

W1J 8AJ

United Kingdom

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PORTUONDO, FERNANDO LEO
2121 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134~~

Name
Michael L. Frederick

Street Address (P.O. Box Number is Not Acceptable)
15600 SW 288 Steet

Suite 305

City
Homestead

FL

Zip Code
33033

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]
Signature, typed or printed name of registered agent and title if applicable.

Michael L. Frederick

(NOTE: Registered Agent signature required when reinstating)

09-26-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D KOEPPEN, JAN
3995 PARK AVE.
COCONUT GROVE, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #