

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082165

1. Entity Name  
J L K ADVERTISING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 AUG -9 PM 4:50

Principal Place of Business  
2441 NE 184TH STREET  
AVENTURA, FL 33160 US

Mailing Address  
2441 NE 184TH STREET  
AVENTURA, FL 33160 US

7/14/04 90010 033 \$158.75



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0188470

Applied For

Not Applicable

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

FINIZIO, PAUL G  
200 SE 9TH STREET  
FORT LAUDERDALE, FL 33316

Name  
Todd S. Payne, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
Zebersky & Payne, LLP

4000 Hollywood Blvd., #400-North

City  
Hollywood

FL

Zip Code  
33021

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)

July 8, 2004

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  
NAME  
P  
CABAN, LILIAN  
STREET ADDRESS  
2441 NE 184TH STREET  
CITY-ST-ZIP  
AVENTURA, FL 33160 ☐ Delete

TITLE  
NAME  
Lillian Caban  
STREET ADDRESS  
2441 NE 184 Street  
CITY-ST-ZIP  
Aventura, FL 33160 VP/T/D ☒ Change ☐ Addition

TITLE  
NAME  
VP  
PONCE, LILIANA  
STREET ADDRESS  
2441 NE 184TH STREET  
CITY-ST-ZIP  
AVENTURA, FL 33160 ☒ Delete

TITLE  
NAME  
P/D/Chairman  
STREET ADDRESS  
2441 NE 184 Street  
CITY-ST-ZIP  
Aventura, FL 33160 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE:

Hernan Ponce, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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**August 3, 2004**

**Dear Eula:**

**As per our conversation on Tuesday, August 2, 2004 , I am sending you the Division on Corporation Papers. As, I explained I didn't receive any info regarding this until this year. I am sending the corrected papers back to you as requested with this letter. I want to thank you for all your help. Thank you once again and have a great day!**

**Sincerely,  
Lillian Caban Ponce**

A handwritten signature in black ink, appearing to be 'Lillian Caban Ponce'.