## **FILED** Apr 18, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000090993 04-18-2005 90322 021 \*\*\*150.00 1. Entity Name JLK INVESTMENTS, INC. Principal Place of Business Mailing Address 50037530 1400 NE 57 COURT 1400 NE 57 COURT 104 FT. LAUERDALE, FL 33334 FT. LAUERDALE, FL 33334 US 2. Principal Place of Business 7H CIR 3. Mailing Address 1623 NW TY CIR Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) 4. FEI Number Applied For 10N 20-0159982 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEITH, JONATHAN L Street Address (P.O. Box Number is Not Acceptable) 1400 NE 57 COURT 104 871 9623 NSW FT. LAUDERDALE, FL. FL. City Zip Code 33324 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE Change Addition NAME KEITH, JONATHAN L JONATHAN NAME 9623 NW 8TH CIR STREET ADDRESS 1400 NE-57 COURT #104 STREET ADDRESS CHY-ST-ZIF FT. LAUDERDALE, FL 33334 CITY-ST-7IP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP HILL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 eath; that I am an officer or director of the corporation or the receiver or trueted 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

4/15/05 Date

Daytime Phone ≠