FROM :AGI ACCOUNTING INC. FAX NO. :9549650607

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90113 048 ***150.00

DOCUMENT # P03000133140

1. Entity Name
JKH REALTY, INC.

Principal Place of Business	Mailing Address
1954 SOUTHWEST 180TH TERRACE MIRAMAR, FL 33029	1954 SOUTHWEST 180TH TERRACE MIRAMAR, FL 33029

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3779680
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSTAFA, KAMAL
1954 SW 180 TERR
MIRAMAR, FL 33029

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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's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAMAL, MOSTAFA
STREET ADDRESS	1954 SOUTHWEST 180TH TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	VD
NAME	HELAL, MOHAMMAD
STREET ADDRESS	1954 SOUTHWEST 180TH TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mostafa Kamal MOSTAFA KAMAL 4-27-05 954-709-3959
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #