

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90123 042 ***150.00

DOCUMENT # P03000136887			
1. Entity Name J K STRIPPING CORP			
Principal Place of Business 450 NE 163RD ST. NORTH MIAMI BEACH, FL 33162		Mailing Address 450 NE 163RD ST. NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 103 N.E. 154th ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State N. Miami Bch, FL		City & State NEW ADDRESS	
Zip 33162		Country DADE	
6. Name and Address of Current Registered Agent LLANOS, JORGE 450 NE 163RD ST. NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4/30/05	
SIGNATURE		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
LLANOS, JORGE 450 NE 163RD ST. NORTH MIAMI BEACH, FL 33162		103 N.E. 154th ST N. Miami, FL 33162	
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.		786546-0297	
SIGNATURE:		DATE	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	