

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90411 025 ***150.00

DOCUMENT # P04000080989

1. Entity Name
JEK SERVICES, INC.



Principal Place of Business
**18360 MEDITERRANEAN BOULEVARD
#2603
HIALEAH, FL 33015**

Mailing Address
**18360 MEDITERRANEAN BOULEVARD
#2603
HIALEAH, FL 33015**

50012752



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

14-1990875

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MEJIA, ELVIO
18360 MEDITERRANEAN BOULEVARD
#2603
HIALEAH, FL 33015**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MEJIA, ELVIO
STREET ADDRESS 18360 MEDITERRANEAN BOULEVARD #2603
CITY-ST-ZIP HIALEAH, FL 33015

TITLE PD ☒ Change ☐ Addition
NAME MEJIA, ELVIO
STREET ADDRESS 6321 NW 174TH TER
CITY-ST-ZIP HIALEAH, FL 33015

TITLE VD ☐ Delete
NAME HERNANDEZ, JOCELYN
STREET ADDRESS 18360 MEDITERRANEAN BOULEVARD #2603
CITY-ST-ZIP HIALEAH, FL 33015

TITLE VD ☒ Change ☐ Addition
NAME HERNANDEZ, JOCELYN
STREET ADDRESS 6321 NW 174TH TER
CITY-ST-ZIP HIALEAH, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/06

Date

(906) 371-3477

Daytime Phone #