
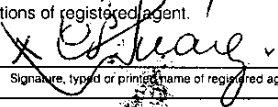



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90211 050 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P04000091928 1. Entity Name W.J.K. ENTERPRISES, INC. | |  | |
| Principal Place of Business 2280 W. 80 STREET BAY 1 HIALEAH, FL 33016 | | Mailing Address 2280 W. 80 STREET BAY 1 HIALEAH, FL 33016 | |
| 2. Principal Place of Business 549 W 28 STREET Suite, Apt. #, etc. | | 3. Mailing Address 549 W 28 STREET Suite, Apt. #, etc. | |
| City & State HIALEAH, FL Zip Country 33010 | | City & State HIALEAH, FL Zip Country 33010 | |
| 4. FEI Number 20-1249007 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAMON GONZALEZ, ELADIO 2280 W. 80 STREET BAY 1 HIALEAH, FL 33016 | | 7. Name and Address of New Registered Agent Name RAMON GONZALEZ, ELADIO Street Address (P.O. Box Number is Not Acceptable) 549 W 28 STREET City HIALEAH FL Zip Code 33010 | |
| 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  DATE 3/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST GONZALEZ, ELADIO RAMON 9118 SW 148TH CT. MIAMI, FL 33196 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REYES, FAUSTINO E. 350 W. 33TH STREET HIALEAH, FL 33012 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST REYES, ENRIQUE 350 W. 33TH STREET HIALEAH, FL 33012 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| 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:  DATE 3/8/06 305-821-3442 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |