

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000104050

**1. Entity Name
J & K PROPERTIES & INVESTMENTS, INC.**



Principal Place of Business

**16802 SW 39 STREET
MIRAMAR, FL 33027**

Mailing Address

**16802 SW 39 STREET
MIRAMAR, FL 33027**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

**4. FEI Number
42-1637523**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**NGUYEN, JOHN T
16802 SW 39 STREET
MIRAMAR, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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, 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 \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

**U00000550967
05/13/06-80082-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NGUYEN, JOHN T
STREET ADDRESS	16802 SW 39 STREET
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	Truong, Chuong V.
STREET ADDRESS	610 Chestnut Lane
CITY - ST - ZIP	Youngstown, OH 44512
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 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

Date

Daytime Phone #

14-2607 9546613