

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 008 ***150.00

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DOCUMENT # P04000108048			
1. Entity Name JACKIO'S CORPORATION			
Principal Place of Business 17 SE 24TH AVE POMPANO BEACH, FL 33062		Mailing Address 17 SE 24TH AVE POMPANO BEACH, FL 33062	
2. Principal Place of Business 3901 NW 79 Ave Suite 108 Suite, Apt. #, etc. <i>Suite 108</i> City & State <i>MIAMI, FL</i> Zip <i>33166</i> Country		3. Mailing Address 2200 HALLANDALE BLVD Suite, Apt. #, etc. <i>Apt. 608</i> City & State <i>HALLANDALE, FL</i> Zip <i>33009</i> Country	
4. FEI Number 20-1404944		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		-07142006 - Chg-P - -CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BAZAN, JOSE 17 SE 24TH AVE POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent 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 _____ DATE _____ <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete BAZAN, JOSE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 SE 24TH AVE	NAME	
STREET ADDRESS	POMPANO BEACH, FL 33062	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete CESPEDES, CARLOS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 SE 24TH AVE	NAME	
STREET ADDRESS	POMPANO BEACH, FL 33062	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Jose A. Bazan</i> JOSE A. BAZAN		Date <i>08/25/06</i> Daytime Phone # <i>754-366-8238</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	