

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-05-2006 90026 008 \*\*\*150.00

**60038493**



<b>DOCUMENT # P04000108048</b> 1. Entity Name <b>JACKIO'S CORPORATION</b>					
Principal Place of Business <b>17 SE 24TH AVE POMPANO BEACH, FL 33062</b>			Mailing Address <b>17 SE 24TH AVE POMPANO BEACH, FL 33062</b>		
2. Principal Place of Business <b>3901 NW 79 Ave Suite 108</b>		3. Mailing Address <b>2200 HALLANDALE BLVD</b>			
Suite, Apt. #, etc. <b>Suite 108</b>		Suite, Apt. #, etc. <b>Apt. 608</b>			
City & State <b>MIAMI, FL</b>		City & State <b>HALLANDALE, FL</b>			
Zip <b>33166</b>		Country		Zip <b>33009</b>	
Country		4. FEI Number <b>20-1404944</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAZAN, JOSE 17 SE 24TH AVE POMPANO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BAZAN, JOSE</b> <b>17 SE 24TH AVE</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CESPEDES, CARLOS</b> <b>17 SE 24TH AVE</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>			<b>JOSE A. BAZAN</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>08/25/06</b> Daytime Phone #: <b>754-366-8238</b>		