2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P04000120484 04-29-2005 90240 026 ***150.00 1. Entity Name JIK CITATION WAY GP. INC. Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897 MIAMI LAKES, FL 33016-5897 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-1555378 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, CHRISTY Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVP TITLE ☐ Delete TITLE K Change KISLAK, JAY I NAME NAME Kislak, Jay I STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS 7900 Miami Lakes Drive West Miami Lakes, FL <u>33016</u> CITY-ST-ZIP MIAMI LAKES, FL 330165897 CITY-ST-7IP **X** Change TITLE Delete TITLE Addition BARTELMO, THOMAS NAME NAME Bartelmo, Thomas 7900 Miami Lakes Drive West STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS MIAMI LAKES, FL 330165897 CITY-ST-ZIP CITY-ST-ZIP Miami_Lakes, FL 33016 Change 171 Addition TITLE Delete TITLE NAME NAME Rodriguez, Christy 7900 Miami Lakes Drive West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Miami Lakes, FL 33016 ☐ Change K Addition TITLE ☐ Delete TITLE NAME Lubow, Cheryl STREET ADDRESS STREET ADDRESS 7900 Miami Lakes Drive West CITY-ST-ZIP CITY-ST-ZIP Miami Lakes, FL 33016 ☐ Change TITLE Delete TITLE NAME NAME Braun, Stephen STREET ADDRESS STREET ADDRESS 7900 Miami Lakes Drive West CITY-ST-ZIP CITY-ST-ZIP <u> Miami Lakes, FL</u> ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attractment with an address, with all other like empowered.

FILED

4 27 05 (305) 364-4101

G OFFICER OR DIRECTOR

SIGNATURE: