

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P04000120484**

1. Entity Name  
JIK CITATION WAY GP, INC.



Principal Place of Business  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016-5897

Mailing Address  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016-5897



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1555378

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, CHRISTY  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016-5897

**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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DVP  
NAME KISLAK, JAY I  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP MIAMI LAKES, FL 330165897

TITLE DPT  
NAME BARTELMO, THOMAS  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP MIAMI LAKES, FL 330165897

TITLE VPS  
NAME RODRIGUEZ, CHRISTY  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VP  
NAME LUBOW, CHERYL  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VP  
NAME BRAUN, STEPHEN  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000005558965  
05/17/06-80032-016 150.00

**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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Christy Rodriguez VP*  
*Christy Rodriguez*

*4/24/2006* *305-364-4101*