

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127400

1. Entity Name
K. J. FUNDING CORPORATION



FILED

05 JUN -8 PM 12:47

SECRET
TALLAHASSEE, FLORIDA

[Handwritten signature]



Principal Place of Business
3540 NW 50TH AVE - STE N302
LAUDERDALE LAKES, FL 33319

Mailing Address
3540 NW 50TH AVE - STE N302
LAUDERDALE LAKES, FL 33319

2. Principal Place of Business

1900 W COMMERCIAL BLVD

3. Mailing Address

P.O. BOX 190194

Suite, Apt. #, etc.

STE 109

Suite, Apt. #, etc.

FL LAUDERDALE, FL

City & State

City & State

Zip

33309

Country

Zip

33319

Country

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1621969

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAAC, STAN
3540 NW 50TH AVE - STE N302
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name

STAN ISAAC

Street Address (P.O. Box Number is Not Acceptable)

1900 W COMMERCIAL BLVD

STE 112

City

FL LAUDERDALE

FL

Zip Code

33309

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

4/28/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
STANLEY ISAAC
3540 NW 50 AVENUE, N302
LAUDERDALE LAKES, FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JOANNE C. ISAAC
3540 NW 50 AVENUE, N302
LAUDERDALE LAKES, FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

954 229-1677

Daytime Phone #