

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

04-26-2006 90172 050 ***150.00

DOCUMENT # 905000143316					
1. Entity Name J.K. INTERNATIONAL, INC.					
Principal Place of Business 3115 S. OCEAN BLVD #903 BOCA RATON FL 33487		Mailing Address 3115 S. OCEAN BLVD #903 BOCA RATON FL 33487			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 44-2187491	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent MILLER, SCOTT 10062 STONEHENGE CIR APT 116 BOYNTON BEACH FL 33437			7. Name and Address of New Registered Agent Name: JILL MILLER Street Address (P.O. Box Number is Not Acceptable): 3115 S OCEAN BLVD #903 City: Boca Raton FL Zip Code: 33487		
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: <i>Jill Miller</i> (NOTE: Registered Agent signature required when re-registering) DATE:					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MILLER, JILL 3115 S. OCEAN BLVD #903 BOCA RATON FL 33487	<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	S MILLER, SCOTT 10062 STONEHENGE CIR. #116 BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Jill Miller</i>			DATE: _____		

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1st MOORE CR2E034 (10/05)