

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90104 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000148312</b><br>1. Entity Name<br><b>J I K CONSTRUCTIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                                                                            |  |
| Principal Place of Business<br><b>8321 SW 11 TERRACE<br/>MIAMI, FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                     | Mailing Address<br><b>8321 SW 11 TERRACE<br/>MIAMI, FL 33144</b>                                                                     |                                                                                                                                                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 3. Mailing Address                                                                                                  |                                                                                                                                      |                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                      |                                                                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | City & State                                                                                                        |                                                                                                                                      |                                                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                         | Zip                                                                                                                 | Country                                                                                                                              |                                                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                          |                                                                                                                                                            |  |
| <b>QUILEZ, ARIADNE<br/>13780 SW 26TH STREET STE 208<br/>MIAMI, FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                                                                                            |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                                                                            |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <b>Jorge Reyes (P)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>8321 SW 11 Terrace</b><br><b>Miami, FL 33144</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                                                                            |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                     | <b>6/09/06</b>                                                                                                                       |                                                                                                                                                            |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                     | <small>Date</small>                                                                                                                  |                                                                                                                                                            |  |