
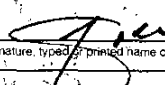



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90412 022 ***158.75

DOCUMENT # P06000071522			
1. Entity Name J&K DIRECT CARE SERVICE, INC.			
Principal Place of Business 2306 NE 42ND CIRCLE HOMESTEAD, FL 33033		Mailing Address 2306 NE 42ND CIRCLE HOMESTEAD, FL 33033	
2. Principal Place of Business - No P.O. Box # 2306 NE 42 Circle		3. Mailing Address Same as above.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homestead, FL		City & State	
Zip 33033	Country USA.	Zip	Country
6. Name and Address of Current Registered Agent APONTE, JOSE A. 8486 NW 103 ST., APT. H 101 HIALEAH GARDENS, FL 33016		4. FEI Number 20-5000287	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name Jose A. Aponte			
Street Address (P.O. Box Number is Not Acceptable) 2306 NE 42 Circle			
City Homestead, FL		Zip Code 33033	
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  Jose A. Aponte. DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	DP APONTE, JOSE A. 8486 NW 103 ST., APT. H 101 HIALEAH GARDENS, FL 33016 <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	VP PEREZ, KENIA 8486 NW 103RD STREET, APT H-101 HIALEAH GARDENS, FL 33016 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4/19/07 (305) 256-5310 (Work) (786) 252-1064 (Cell)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	