

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000156156					
1. Entity Name J K HANDICRAFTS, INC					
Principal Place of Business 1836 N.W. 21 STREET MIAMI FL 33142			Mailing Address 1836 N.W. 21 STREET MIAMI FL 33142		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3799238	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DARYANANI, KAMAL R 1836 N.W. 21 STREET MIAMI FL 33142				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL 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 _____ Signature: Typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DARYANANI, NARESH R			NAME	
STREET ADDRESS	PLOT NO 51B/2, SINDHI SOCIETY, CHEMBUR			STREET ADDRESS	
CITY-ST-ZIP	MUMBAI, INDIA MH 40007-1			CITY-ST-ZIP	
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DARYANANI, KAMAL R			NAME	
STREET ADDRESS	1836 N.W. 21 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142			CITY-ST-ZIP	
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DARYANANI, MANOJ R			NAME	
STREET ADDRESS	1836 N.W. 21 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142			CITY-ST-ZIP	
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DARYANANI, JEETENDRA R			NAME	
STREET ADDRESS	PLOT NO 51B/2, SINDHI SOCIETY, CHEMBUR			STREET ADDRESS	
CITY-ST-ZIP	MUMBAI, INDIA MH 40007-1			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



1st MOORE CR2E034 (10/07)

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: *Kamal R Daryanani* **VP - KAMAL - D.** *5/14/08* *305 3267172*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #