

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-29-2008 90077 012 ***150.00

DOCUMENT # P07000001998 1. Entity Name JK ROCKLAND HARBOR INVESTMENTS, INC.					
Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897			Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8210323	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897				7. Name and Address of New Registered Agent Name Complo, Christy Street Address (P.O. Box Number is Not Acceptable) 7900 Miami Lakes Drive West City Miami Lakes, FL Zip Code 33016-5897	
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 Christy Complo <i>Christy Complo</i> DATE 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 330165897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTELOM, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 330165897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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: <i>Christy Complo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Christy Complo			Date 4/22/08 Daytime Phone # (305) 364-4101		

66012058



04222008 Chg-P CR2E034 (12/06)