


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90125 012 \*\*\*150.00

<b>DOCUMENT # P92000010152</b>	
1. Entity Name <b>JKS INDUSTRIES, INC.</b>	

Principal Place of Business <b>2701 COZART ROAD MULBERRY, FL 33860 US</b>	Mailing Address <b>2701 COZART ROAD MULBERRY, FL 33860</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>19046 Bruce B Downs Blvd</b>
Suite, Apt., #, etc.	Suite, Apt., #, etc. <b>PMB #114</b>
City & State	City & State <b>TAMPA FL</b>
Zip	Zip <b>33647</b>
Country	Country <b>USA</b>

40123400



07092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3152856**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHIN, KEN**  
**2701 COZART ROAD**  
**MULBERRY, FL 33860**

**19046 Bruce B. Downs Blvd**  
**PMB #114**  
**Tampa FL 33647**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**19046 Bruce B Downs Blvd #114**

City **Tampa** FL Zip Code **33647**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>MR</b>	<input type="checkbox"/> Delete	TITLE <b>MR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIN, KEN</b>		NAME <b>SHIN, KEN</b>	
STREET ADDRESS <b>2701 COZART ROAD</b>		STREET ADDRESS <b>2701 COZART ROAD</b>	
CITY-ST-ZIP <b>MULBERRY, FL 33860</b>		CITY-ST-ZIP <b>MULBERRY, FL 33860</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: KSK **7-9-07 813-9720029**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**JKS Industries, Inc.**

ATTACHMENT

40125239

July 9, 2007

Department of State  
Division of Corporations  
PO BOX 6198  
Tallahassee, FL 32314

Subject: Waiver of the late fee

Reference: DOCUMENT # P92000010152, JKS INDUSTRIES, INC.

To Whom It May Concern:

I am writing you to request a waiver of the \$400 late fee. It appears that we never received the renewal notice that we normally receive every year. If you look at our past history you should see that we normally pay for this on time. We received the NOTICE OF INTENT TO DISSOLVE at our Mulberry location. Normally we receive all correspondence at our Bruce B Downs address. Somewhere along the line our mailing address was changed to the registered address. I believe this might have occurred when we requested to change the street name of our Mulberry facility. The county changed the name of the street that our Mulberry plant resides on to Cozart Road from SR 37 South. We did not wish to change the mailing address but only the location address. I believe this is where the confusion of not receiving the renewal comes into play as well.

I am enclosing a check in the amount of \$150 to cover the normal annual filing fee along with the report. Please note that I made corrections to the mailing address for both the facility and the officer. Please consider our request to have the late fee waived in light of the circumstances as well as our past performance in paying in a timely manner.

If you need to reach me you may contact me at 813-972-0029.

Thank you for your time.

Jenny Shin

Tampa Division  
19046 Bruce. B. Downs Blvd. PMB #114  
Tampa, FL 33647

Phone: (813) 972-0029, Fax: (813) 971-3876, Email: jenshin@tampabay.rr.com