2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 AN Secretary of State **DOCUMENT # P94000000354** JK. HOSPITALITY, INC. Principal Place of Business Mailing Address 1593 MAIN STREET 2070 DOWNING DR CHIPLEY, FL 32428 PENSACOLA, FL 32505 บร No Chg-P 03112008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3219803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, BHASKER 2070 DOWNING DRIVE PENSACOLA, FL 32505 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000859604 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/02/08-80028-024 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATEL, BHASKER STREET ADDRESS 2070 DOWNING DRIVE CITY-ST-ZIP PENSACOLA, FL 32505 VPS TITLE PATEL, MEENA NAME STREET ADDRESS 2070 DOWNING DRIVE CITY-ST-ZIP PENSACOLA, FL 32505 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bhaskar Patel Bresident 3-11-08 800-474-6213

FILED