


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90027 043 \*\*\*158.75

<b>DOCUMENT # P94000009031</b> 1. Entity Name <b>GEJK, INC.</b>					
Principal Place of Business <b>600 W 20TH ST HIALEAH, FL 33010</b>			Mailing Address <b>760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box # <b>760 Ponce De Leon Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008    Chg-P    CR2E034 (12/06)	
City & State <b>Coral Gables, Florida</b>		City & State		4. FEI Number <b>65-0484052</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRACERAS, WILFRED 1200 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Braceras, Wilfred</b> Street Address (P.O. Box Number is Not Acceptable) <b>760 Ponce De Leon Blvd.</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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: <u>Wilfred Braceras, President &amp; CEO</u> 04/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing    \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRACERAS, WILFRED <input type="checkbox"/> Delete 600 W. 20TH ST. HIALEAH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Braceras, Wilfred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 760 Ponce De Leon Blvd. Coral Gables, FL 33134	
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	
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	
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	
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	
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	
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.					
<b>SIGNATURE: <u>Wilfred Braceras</u>    Wilfred Braceras, Pres &amp; CEO    04/11/08    (305)863-8860</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					