2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2005 08:00 AM Secretary of State

DOCUMENT # P96000 1. Entity Name J.K.C. INVESTMENT, INC.	0088508	" . . <u></u> .	
Principal Place of Business 101 WEST 24 STREET HIALEAH, FL 33010 US	Mailing Address 101 WEST 24 ST HIALEAH, FL 33010	US	The control of the co

No Cha-P CR2E034 (10/03) 02022005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0703719 \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COBOS, CARLOS M 101 WEST 24 STREET IN THIS SPACE HIALEAH, FL 33010 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 H00nnn225262 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE COBOS, JESUS NAME 19202 SW 3 CT STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP VPD TITLE COBOS, CARLOS 19158 SW 12 STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE COBOS, KRISTY NAME 19158 SW 12 ST. STREET ADDRESS DO NOT WRITE PEMBROKE PINES, FL 33029 CITY-ST-ZIP IN THIS SPACE TITLE COBOS, VIVIAN NAME STREET ADDRESS 19158 SW 12 ST CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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 withy an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 (305)863-6223