

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90068 031 ***150.00

DOCUMENT # P97000021321	
1. Entity Name T.J.K. ENTERPRISES, INC.	



Principal Place of Business 12201 N.W. 35TH ST. BAY 422 CORAL SPRINGS, FL 33065	Mailing Address 12201 N.W. 35TH ST. BAY 422 CORAL SPRINGS, FL 33065
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2. Principal Place of Business 3830 NW 126 Avenue	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coral Springs, Florida	City & State
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Zip 33065	Country	Zip	Country
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01162006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0738197	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOZYRA, THOMAS J 10734 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent Name Kozyra, Thomas J Street Address (P.O. Box Number is Not Acceptable) 3350 Pinewalk Dr, N City Margate FL Zip Code 33063	
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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 <i>Thomas Kozyra</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>1/26/06</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O KOZYRA, THOMAS 3350 Pinewalk Dr, N Margate FL 33063 <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
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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.	
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SIGNATURE: <i>Thomas Kozyra</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	President <i>Thomas Kozyra</i> Date <i>1/26/06</i>	954-341-2643 Daytime Phone #
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