

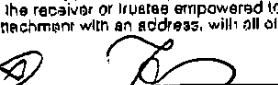
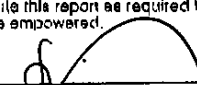
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FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90007 038 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000040904 1. Entity Name JKS CORP.					
Principal Place of Business 2025 NW 15TH AVE POMPANO BEACH, FL 33069			Mailing Address 1501 W. CORPUS RD., #105 POMPANO BEACH, FL 33054		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 2025 NW 15 Ave #A			Suite, Apt. #, etc. 2025 NW 15 Ave #A		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0752094	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKUBIC, JASMINA 17717 CIRCLE POND CT. BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKUBIC, JASMINA 17717 CIR POND CT. BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 this 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, will, all other like empowered.					
SIGNATURE:  					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/11/08 Daytime Phone #					

40058287



03112008 Chg-P CR2E034 (12/08)

 4. FEI Number
65-0752094

 Applied For
 Not Applicable

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

 SKUBIC, JASMINA
 17717 CIRCLE POND CT.
 BOCA RATON, FL 33496

 Name
 Street Address (P.O. Box Number is Not Acceptable)

 City
FL Zip Code

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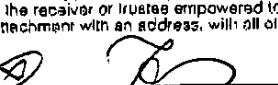
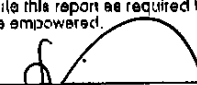
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 SIGNATURE:  

 Date: **3/11/08** Daytime Phone #