
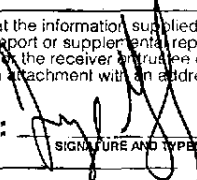


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075239</b>		
1. Entity Name <b>JILK ENTERPRISES INC.</b>		
Principal Place of Business <b>7280 NW 8 ST. MIAMI, FL 33126 US</b>		Mailing Address <b>P.O. BOX 558087 MIAMI, FL 33255</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GONZALEZ, JORGE 7280 NW 8TH STREET MIAMI, FL 33126</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JORGE 7280 NW 8TH STREET MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GONZALEZ, LILLIAN S 7280 NW 8TH STREET MIAMI, FL 33126	
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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, changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <b>Jorge Gonzalez/President</b> 1/6/05 305-663-0322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0780980**

Applied For  
Not Applied

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

000000175096  
01/10/05-80035-018 150.00

**DO NOT WRITE  
IN THIS SPACE**