


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 013
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000100094

1. Entity Name
JAKO CORPORATION



Principal Place of Business C/O LYDIA BOREK REALY 1280 SO. POWERLINE ROAD SUITE 5 POMPANO BEACH, FL 33069	Mailing Address C/O LYDIA BOREK REALY 1280 SO. POWERLINE ROAD SUITE 5 POMPANO BEACH, FL 33069
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARVESU, MANUEL M ESQ
 100 SE 2ND STREET SUITE 3700
 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUTIER, YVONNE 1280 SO. POWERLINE ROAD SUITE 5 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAUTIER, PHILIPPEE 1280 SO. POWERLINE ROAD SUITE 5 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE: *Manuel M. Arvesu* 02-07-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #