2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000091120 1. Entity Name J & K SUPERIOR SERVICES, INC. Principal Place of Business Mailina Address 9272 SW 3RD ST 9272 SW 3RD ST **BOCA RATON FL 33428** BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0870214 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRESKE, JAMES G Street Address (P.O. Box Number is Not Acceptable) 9272 SW 3RD ST. #402 **BOCA RATON FL 33428** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agen) signature required when reinstating) DÁTE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete THEE Addition UNE Change Change BRESKE, JAMES G NAME NAME STREET ADDRESS 9272 SW 3RD ST., #402 STREET ADDRESS **BOCA RATON FL 33428** CHY-SI-ZIP CITY - ST - ZiP ☐ Change Andiiii TITLE ☐ Delete TITLE NAME U00000354355 05/03/05-80103-020 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Andiii NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change A.c. TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CHY-SL-ZIP ☐ Change A. THEF TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP 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 direction 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 1

**FILED** 

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Journes 2. Preshe James Breske 4/28/05/-571-482-8112