


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90414 024 ***150.00

DOCUMENT # P99000109754	
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1. Entity Name JKR SALES, INC.	Principal Place of Business 681 FOX CREEK CT WESTON, FL 33327	Mailing Address 681 FOX CREEK CT WESTON, FL 33327
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2. Principal Place of Business 5330 NW 52 ST Suite, Apt. #, etc.	3. Mailing Address 5330 NW 52 ST Suite, Apt. #, etc.
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City & State COCONUT CREEK, FL	City & State COCONUT CREEK, FL
Zip 33073	Country USA
Zip 33073	Country USA

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0967636	Applied For <input type="checkbox"/> 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 BRASISKIS, THOMAS 681 FOX CREEK CT WESTON, FL 33327

7. Name and Address of New Registered Agent Name BRASISKIS, THOMAS Street Address (P.O. Box Number is Not Acceptable) 5330 NW 52 ST City COCONUT CREEK FL Zip Code 33073
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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 Thomas P. Brasiskis **THOMAS P. BRASISKIS 4/28/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P <input type="checkbox"/> Delete	NAME BRASISKIS, THOMAS	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BRASISKIS, THOMAS
STREET ADDRESS 681 FOX CREEK CT		STREET ADDRESS 5330 NW 52 ST	
CITY-ST-ZIP WESTON, FL 33327		CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: Thomas P. Brasiskis **THOMAS P. BRASISKIS 4/28/04** **561-373-4425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #