

**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



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

2. Principal Place of Business  
**5330 NW 52 ST**

3. Mailing Address  
**5330 NW 52 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**COCONUT CREEK, FL**

City & State

**COCONUT CREEK, FL**

Zip **33073** Country **USA**

Zip **33073** Country **USA**

6. Name and Address of Current Registered Agent

BRASISKIS, THOMAS  
681 FOX CREEK CT  
WESTON, FL 33327

Name **BRASISKIS, THOMAS**

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

**5330 NW 52 ST**

City **COCONUT CREEK** FL Zip Code **33073**

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.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P**  Delete  
NAME **BRASISKIS, THOMAS**  
STREET ADDRESS **681 FOX CREEK CT**  
CITY-ST-ZIP **WESTON, FL 33327**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRESIDENT**  Change  Addition  
NAME **BRASISKIS, THOMAS**  
STREET ADDRESS **5330 NW 52 ST**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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

SIGNATURE: *Thomas P. Brasiskis* Thomas P. BRASISKIS 561-373-4425  
4/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #