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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84618

1. Entity Name

RJK INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ATTN: B. BLECKER	ATTN. B. BLECKER
Suite, Apt. #, etc. 1300 GOLF VIEW DR. EAST.	Suite, Apt. #, etc. 1300 GOLFVIEW DR. EAST
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33026 Country USA	Zip 33026 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0288723 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JANINA KONAL

Street Address (P.O. Box Number is Not Acceptable): 19667 TUNBERRY WAY, APT 12K

City: MIAMI FL Zip Code: 33180

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's signature required when reinstating)

January 1st, May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	JANINA KONAL
STREET ADDRESS	19667 TUNBERRY WAY, APT 12K
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
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CR2E034B (12/02)

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

SIGNATURE: _____ JANINA KONAL 1/3/03

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARRET BLECKER, CPA
1300 GOLFVIEW DRIVE, EAST
PEMBROKE PINES, FL 33026