

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V44399</b> 1. Entity Name J.R. OKEECHOBEE, CORP.	
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Principal Place of Business 1420 BISCAYA DR SURFSIDE, FL 33154	Mailing Address 1420 BISCAYA DR SURFSIDE, FL 33154
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**DO NOT WRITE IN THIS SPACE**



01242004 No Chg-P CR2E034 (10/03)

4. FEJ Number 65-0346707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KROOP, RICHARD I. 420 LINCOLN ROAD STE 212 MIAMI BEACH, FL 33139	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TAKO, JACKIE 490 W. 18TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAKO, REUVEN 490 W. 18TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAROUKH, ABRAHAM 2269 NW 20 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YORAM, IZHAK 716 W 17 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000029642  
02/02/04-80034-002 150.00

**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:**  *Yoram Izhak* *Nice Pan* *1/26/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_