

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # V44399

1. Entity Name
J.R. OKEECHOBEE, CORP.



Principal Place of Business
1420 BISCAYA DR
SURFSIDE, FL 33154

Mailing Address
1420 BISCAYA DR
SURFSIDE, FL 33154



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0346707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROOP, RICHARD I.
420 LINCOLN ROAD
STE 212
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000205554
01/31/05-80050-002 150.00

**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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05