2008 FOR PROFIT CORPORATION ANNUAL REPORT

2008 08:00 AT

1. Entity Nam	MENT # P960000197 JCKING INC.	743			Api	Secreta	ary of State
Principal Place	2ND STREET	Mailing Address 947 EAST 22ND STREET					
HIALEAH, FL	. 33013	HIALEAH, FL 33013		 	1 1 1 	1 60/3 1 /18/8 /8 /11 18 3	3 100 901 511
		Light S. A. S. Report					
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A TOP OF THE PARTY		IIV, JITIO, SEA		4. FEI Numbe 65-064			Applied For Not Applicable
The state of		भवन्त्रमा विशेषातुन् विक्रीपात्रीहे		5. Certificate	of Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent							
LEYVA, RI 947 EAST HIALEAH,	22ND STREET			हिंदी के दिन्हें	NOT W THIS SP		
	named entity submits this statement for trions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Flo	riđa. I am famili	ar with, and accept
\$IGNATURE_							
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	000 0 00 04/29/08-)900 45 9 -80030-00	01 150.00
10. OFFICERS AND DIRECTORS			N 79 4 - 3 34	1 5 7 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St. 1967 33871	र देखा । इ.स.च्या	\$35 C. S. 10 C. 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEYVA, FRANCISCO 947 EAST 22 STREET HIALEAH, FL						
TITLE NAME	VPS LEYVA, ROSARIO				in the late of		

947 EAST 22 STREET CITY-ST-ZIP HAILEAH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 custee 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:

Output

Discretely that the information contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signatures 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

p 04-12-08.