2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001450

Entity Name: JLEDS CUTTING CORP.

City-St-Zip: HIALEAH, FL 33012

FILED Feb 05, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|------------------------------------|---------------------------------|------------------------------------|--|--|
| | f. 110 TER. , FL 33012 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | /. 110 TER. , FL 33012 | | | | |
| FEI Numbe | r: 20-4046485 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New F | | | | f New Registered Agent: | |
| 6331 NW | JOAQUIN 110 TERR , FL 33012 | US | | | |
| | e named entity te of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | IRE: | | | | |
| | Electro | onic Signature of Registered Ag | gent | Date | |
| Election Ca | ımpaign Financi | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | PS (BARCIA, JOA 6331 NW 110 | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN BARCIA PS 02/05/2009