


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 025 ***150.00

DOCUMENT # P06000027251

1. Entity Name
JC TRANSPORT SOLUTIONS, INC.



Principal Place of Business Mailing Address

**16906 CRESTVIEW LANE
 WESTON, FL 33326** **16906 CRESTVIEW LANE
 WESTON, FL 33326**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

112 Weston Rd **112 Weston Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

120 **120**

City & State City & State

Weston **Weston**

Zip Country Zip Country

FL **33326** **FL** **33326**

03312007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-4368033 Not Applicable

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

6. Name and Address of Current Registered Agent

**QUIBANO, JAIME R
 16906 CRESTVIEW LANE
 WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	QUIBANO, JAIME R	
STREET ADDRESS	16906 CRESTVIEW LANE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	QUIBANO, CLAUDIA C	
STREET ADDRESS	16906 CRESTVIEW LANE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	112 Weston Rd #120	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	112 Weston Rd #120	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ **Date** **4/9/07** **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR