


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 010 ***150.00

DOCUMENT # P07000079108

1. Entity Name
JCS SWEET HOMES INC



Principal Place of Business Mailing Address
1252 CORAL LANE **1252 CORAL LANE**
HOLLYWOOD, FL 33019 **HOLLYWOOD, FL 33019**

40042111



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01242008 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
26-1816398 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLAVIJO, JULIO E 1252 CORAL LANE HOLLYWOOD, FL 33019		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE-NAME P CLAVIJO, JULIO E STREET ADDRESS 1252 CORAL LANE CITY-ST-ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME VP CLAVIJO, JULIO E JR STREET ADDRESS 125 CORAL LANE CITY-ST-ZIP HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME VP CESAR, VERONICA STREET ADDRESS 1252 CORAL LANE CITY-ST-ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME VP SANTILLAN, ANGELICA STREET ADDRESS 1252 CORAL LANE CITY-ST-ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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 reports 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, or have been 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 affidavit, with all other like empowered.

SIGNATURE: Julio E. Clavijo President Date: 3-5-08 Daytime Phone #: 954-651-2786