


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000126618 1. Entity Name JCL VENTURES CORP.	
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Principal Place of Business 169 E. FLAGLER STREET SUITE 1600 MIAMI, FL 33131	Mailing Address 169 E. FLAGLER STREET SUITE 1600 MIAMI, FL 33131
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04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0611095	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146

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, 2007 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	PD LINDENFELD, DANYA 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDENFELD, MARTIN 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESSLER, GARY 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESSLER, VIVIEN 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDENFELD, ELSA 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000727668 05/04/07-80056-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **Danya Lindenfeld** **4/12/07** **305 374 3677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #