

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024735

Entity Name: J.C.Q. SERVICES, INC.

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

7200 LAKE ELLENOR DR.
130
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

7200 LAKE ELLENOR DR.
130
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3629487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUIROGA, JUAN C
5957 MARLEON DRIVE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: QUIROGA, JUAN C
Address: 5957 MARLEON DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: PVST
Name: QUIROGA, JUAN C
Address: 7200 LAKE ELLENOR DR. SUITE #130
City-St-Zip: ORLANDO, FL 32809

Title: PVST
Name: QUIROGA, JUAN C
Address: 7200 LAKE ELLENOR DR. SUITE #130
City-St-Zip: ORLANDO, FL 32809

Title: PVST
Name: QUIROGA, JUAN C
Address: 7200 LAKE ELLENOR DR. SUITE #130
City-St-Zip: ORLANDO, FL 32809

Title: PVST
Name: QUIROGA, JUAN C
Address: 7200 LAKE ELLENOR DR. SUITE #130
City-St-Zip: ORLANDO, FL 32809

Title: PVST
Name: QUIROGA, JUAN C
Address: 7200 LAKE ELLENOR DR. SUITE #130
City-St-Zip: ORLANDO, FL 32809

I hereby 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 all other like empowered.

SIGNATURE: JUAN C QUIROGA

PVST

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date