

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 681519

1. Entity Name
JCI INTERNATIONAL, INC.



Principal Place of Business
12315 SW 132 COURT
MIAMI, FL 33186 US

Mailing Address
12315 SW 132 COURT
MIAMI, FL 33186 US



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2032442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, JULIO E.
19475 SW 204 ST.
MIAMI, FL 33187

**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, 2005 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
VD
QUINCOSES, FELICIA T
4940 SW 49 LANE, UNIT C
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MARTINEZ, JULIO E
19475 SW 204 STREET 142
MIAMI, FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/11/05-80063-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 305-254-1844

Date

Daytime Phone #