


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| <b>DOCUMENT # K27648</b><br>1. Entity Name<br><b>J.C. DEVELOPMENT OF MIAMI INC.</b>  |                                 |   |   |   |  |
| Principal Place of Business<br><b>2903 SALZEDO STREET<br/>CORAL GABLES, FL 33134 US</b>  |                                 |   | Mailing Address<br><b>2903 SALZEDO STREET<br/>CORAL GABLES, FL 33134 US</b> |  |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                                 | City & State  |   |  |  |
| Zip  | Country                         | Zip   | Country   | 4. FEI Number<br><b>65-0103729</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                                 |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>ROSA MARRERO<br/>2903 SALZEDO STREET<br/>CORAL GABLES, FL 33134</b>   |                                 |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                       |  |  |
| TITLE  | PVTs                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>ROSA MARRERO</b>             |   | NAME  |  |  |
| STREET ADDRESS   | <b>2903 SALZEDO STREET</b>      |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>CORAL GABLES, FL 33134</b>   |   | CITY-ST-ZIP   | <b>1100000542635</b><br><b>05/10/06-80104-019 150.00</b>   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                 |   | 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: <u>Rosa Marrero</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   | <u>4/23/06</u><br><small>Date</small>                                       |  |  |
|  |                                 |   | <small>Daytime Phone #</small>  |  |  |