2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016958

1. Entity Name JC & A GROUP, LLC



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

9737 NW 41ST #499 MIAMI, FL 33178 Mailing Address

9737 NW 41ST #499 MIAMI, FL 33178



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 01082007 No Chg-LLC
 CR2E083 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, TRACY 9737 NORTHWEST 41 STREET SUITE 499 MIAMI, FL 33178

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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 Sometices, typed or premargamen of reg stered against and title if applicants. (NOTE: Registered Agent agreement when renstating)	110/07
Signified by the Signified or printed parties of registered against and title if applicable. (NOTE: Registered Agent arginitive required when reinstating)	ATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, TRACY 9737 NORTHWEST 41 STREET SUITE 499 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THE NAME Street address City-St-Zip	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000587772 01/17/07-80046-007 55.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE: _	2000	Jan 23007		, ,	110	107	
BIGNATURE AN	O THEIR OR HENTED A	AME OF MONING MANAGING HEMBER	HOR AUTHORIZED REPRESENTA	TIVE	Date	Daytime Phone #	