

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000107577

FILED
Nov 30, 2006
Secretary of State**Entity Name:** JC BODYWORKS LLC**Current Principal Place of Business:**1218 DREXEL AVENUE SUITE 305
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**1218 DREXEL AVENUE SUITE 305
MIAMI BEACH, FL 33139**New Mailing Address:****FEI Number:** 13-4317253**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARDONA, JAIRO E
1218 DREXEL AVENUE SUITE 305
MIAMI BEACH, FL 33139 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

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: CARDONA, JAIRO E
Address: 1218 DREXEL AVENUE SUITE 305
City-St-Zip: MIAMI BEACH, FL 33139Title: MGRM () Delete
Name: STOVALL, DENNIS
Address: 1218 DREXEL AVENUE SUITE 305
City-St-Zip: MIAMI BEACH, FL 33139Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGMR () Change (X) Addition
Name: CARDONA, ANA F
Address: 1218 DREXEL AVENUE SUITE 305
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: DENNIS STOVALL

MGMR

11/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date