

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90146 033 ****55.00

DOCUMENT # M02000002048

1. Entity Name

J C TELECOMMUNICATION CO., LLC



Principal Place of Business

814 PONCE DE LEON BLVD
SUITE 410
CORAL GABLES, FL 33134

Mailing Address

814 PONCE DE LEON BLVD
SUITE 410
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

75-3074143

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVA, JUAN CARLOS
767 E 56TH ST
HIALEAH, FL 33013

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ~~OLIVA, JUAN CARLOS~~ Juan Carlos Oliva
STREET ADDRESS 767 EAST 56TH STREET
CITY-ST-ZIP HIALEAH, FL 33013

TITLE MGRM
NAME PIÑA, JUVENAL
STREET ADDRESS 14535 SW 85TH ST
CITY-ST-ZIP MIAMI, FL 33183

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IN THIS SPACE**

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/27/04