

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90022 013 \*\*\*\*55.00

**DOCUMENT # M02000002048**

1. Entity Name  
J C TELECOMMUNICATION CO., LLC



Principal Place of Business  
3403 NW 82ND AVE.  
SUITE 103  
DORAL, FL 33122

Mailing Address  
3403 NW 82ND AVE.  
SUITE 103  
DORAL, FL 33122



01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
~~MGRM~~  
~~PINA, JUVENAL~~  
~~14636 SW 85TH ST~~  
~~MIAMI, FL 33186~~ N/A

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

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

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

4/15/06

Date

305-591-8256

Daytime Phone #