

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001534

FILED
May 25, 2007
Secretary of State

Entity Name: JC CONSULTORES LABORALES INC.

Current Principal Place of Business:

3501 W. VINE STREET
SUITE 290
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3098 STILLWATER DRIVE
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 37-1488917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ENCARNACION, OMAR D
14781 LONE EAGLE DR
ORLANDO, FL 32837 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALDERON, JOSEFINA
Address: 3098 STILLWATER DR
City-St-Zip: KISSIMMEE, FL 34743

Title: VD () Delete
Name: MARTINEZ, MARIA E
Address: 3098 STILLWATER DR
City-St-Zip: KISSIMMEE, FL 34743

Title: TD () Delete
Name: CALDERON, OSCAR
Address: 4324 OLD DOMINION RD
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: ORTIZ, CARMEN
Address: 4324 OLD DOMINION RD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEFINA CALDERON

P

05/25/2007

Electronic Signature of Signing Officer or Director

Date