

FOR PROFIT CORPORATION**2004 ANNUAL REPORT-BR)**

DOCUMENT # P000000 59235

1. Entity Name

JC Rolling Doors, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2901 SW 149 PL

Suite, Apt. #, etc.

3. Mailing Address

2901 SW 149 PL

Suite, Apt. #, etc.

FILED
04 MAR 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State
Miami - FloridaCity & State
Miami - Florida

4. FEI Number

65-1017551

Applied For

Not Applicable

Zip

33185

Country

USA

Zip

33185

Country

DADE

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOEL ESPINOSA**

Street Address (P.O. Box Number is Not Acceptable)

2901 SW 149 PL

City **MIAMI****FL**

Zip Code

33185

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

JOEL ESPINOSA

(NOTE: Registered Agent signature required when reinstating)

03/16/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
STREET ADDRESS	PSTD ESPINOSA, JOEL	STREET ADDRESS	100031198551
CITY-ST-ZIP	2901 SW 149 PL Miami - FL 33185	CITY-ST-ZIP	03/25/04--01046--003 **150.00
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/04 (305) 3645999

Date

Daytime Phone #

CR2E034B (12/02)