

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 10 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11302004 REIN-P CR2E098 (6/04)

DOCUMENT # P00000090537					
1. Entity Name JCCP GROUP SERVICES CORP.					
Principal Place of Business 10024 WINDING LAKES ROAD STE 104 SUNRISE, FL 33351			Mailing Address 10024 WINDING LAKES ROAD STE 104 SUNRISE, FL 33351		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1046440	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONTRERAS, JUAN C 10024 WINDING LAKES ROAD STE 201 SUNRISE, FL 33351			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS, JUAN 10024 WINDING LAKES ROAD STE 201 SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS JUAN CARLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 450537 SUNRISE, FL, 33345-0537	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

REINSTATEMENT

700043329587
12/10/04--01033--004 **150.00

[Signature] 12/10

282 2af2

Alvarado Accounting & Tax Service, Inc.
4060 Sheridan St. Ste. C
Hollywood, FL 33021
(954) 961-1880 * Fax – (954) 961-7837

November 8, 2004

Division of Corporations
Annual Reports Section

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Doc# P00000090537 2004 AR

Dear Gentlemen:

Enclosed is a check for \$150 to cover the annual fee for JCCP Group Services Corp.
The reason for this late payment is that the owner never received the annual report notice.
Also the owner was not aware of the new annual filing requirement.

I will appreciate if you honor the above payment since this is the first time the owner has
not filled the report on time and he will make sure that this will not happen again.

Please consider this reasonable cause and accept the above payment as payment in full.

Thank you for your understanding and cooperation to this matter.

Sincerely,


Mariana Pelletier
Accountant