# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000017221**

1. Entity Name
J.C. INTERNATIONAL CONSULTANTS, INC.

54000687

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1662 NW 144 WAY | PO BOX 824054 |
| PEMBROOK PINES, FL 33028 | PEMBROOK PINES, FL 33028 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 14001 NW 4th ST | PO BOX 824054 |
| Suite, Apt. #, etc. 8-308 | Suite, Apt. #, etc. |
| City & State PEMBROKE PINES, FL | City & State PEMBROKE PINES, FL |
| Zip 33028  Country USA | Zip 33028  Country |

01212004    Chg-P    CR2E034 (10/03)

4. FEI Number 65-1082104 | Applied For / Not Applicable

5. Certificate of Status Desired ☐  **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LEUDDEKE, JUAN C<br>1662 NW 144 WAY<br>PEMBROOK PINES, FL 33028 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 14001 NW 4th STREET APT 8-308<br>City PEMBROKE PINES  FL  Zip Code 33028 |

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 _Juan Lhueddel_     1-21-04

Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)     DATE

| **FILE NOW!!! FEE IS $150.00**<br>**After May 1, 2004 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |
|---|---|---|---|

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|---|
| TITLE D<br>NAME LUEDDEKE, JUAN C<br>STREET ADDRESS PO BOX 824054<br>CITY-ST-ZIP PEBROOK PINES, FL 33082 | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change  ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change  ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change  ☐ Addition |
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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 all other like empowered.

SIGNATURE: _Juan Lhueddel_     1-21-04     (305) 298-9046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #