

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90037 010 ***150.00

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05312005 Chg-P CR2E034 (10/03)

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| DOCUMENT # P01000017221 | |  | |
| 1. Entity Name J.C. INTERNATIONAL CONSULTANTS, INC. | | | |
| Principal Place of Business 14001 NW 4TH ST. 8-308 PEMBROOK PINES, FL 33028 | | Mailing Address PO BOX 824054 PEMBROOK PINES, FL 33028 | |
| 2. Principal Place of Business 1551 SW 135 TERR Suite, Apt. #, etc. G-213 City & State PEMBROKE PINES Zip 33027 Country BROWARD | | 3. Mailing Address Suite, Apt. #, etc. City & State City Country | |
| 4. FEI Number 65-1082104 | | 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 LEUDEKE, JUAN C 14001 NW 4TH ST. APT. 8-308 PEMBROOK PINES, FL 33028 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1551 SW 135 TERR STE G-213 City PEMBROKE PINES FL Zip Code 33027 | |
| 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: <u>Juan C. Lueddeke</u> JUAN C. LUEDEKE 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 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUEDEKE, JUAN C PO BOX 824054 PEMBROOK PINES, FL 33082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Juan C. Lueddeke</u> JUAN C. LUEDEKE | | (954) 322-2235 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |