

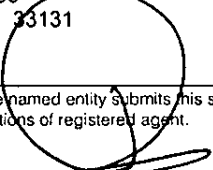
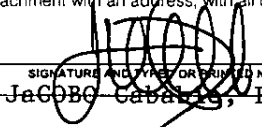


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000026206 1. Entity Name JACA INVESTMENTS CORP.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 06 APR 13 AM 8:30 </div>	
Principal Place of Business 201 S BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131				Mailing Address 201 S BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131			
2. Principal Place of Business 19950 W. Country Club Dr.		3. Mailing Address 19950 W. Country Club Dr.					
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900		02062006 Chg-P CR2E034 (11/05)		4. FEI Number 03-0484219	
City & State Aventura, FL		City & State Aventura, FL		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33180		Country		Zip 33180		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZAMORA, ANTONIO R 201 S BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131				Name CT Corporation System			
				Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
				City Plantation			
				FL		Zip Code 33324	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> PETER F. SOUZA ASSISTANT SECRETARY </div> <div style="width: 30%; text-align: right;"> 4/12/06 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABABIE, JACOBO D 19950 W.COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ZAMORA, ANTONIO R 1408 BRICKELL BAY DRIVE # 1211 MIAMI, FL 33131			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		
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JACOBO CABABIE, President				4/14/06 <small>DATE</small>			
				<small>Daytime Phone #</small>			