FOR PROFIT CORPORATION		
DOCUMENT # PO1000061970 1. Entity Name JC SIGMA ENTERPRISE, IN C		FILED
DO NOT WRITE IN THIS SPACE		02 APR 26 PH 4: 09
2. Principal Place of Business 200 SE 15 Rd 200 SE 15 Rd		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Suite, Apt. #, etc. APT 7A Suite, Apt. #, etc. APT 7A		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For
	CORIDA Country DADE	5. Certificate of Status Desired
DO NOT WRITE	Name	7. Name and Address of Current Registered Agent AN CARUS MEJIA (BO Bay Number in Not Apportunity)
IN THIS SPACE	City	(P.O. Box Number is Not Acceptable) T - 7A FL Zip Code 33/29
8. The above named entity subprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or prined name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
9. This corporation is eligible to satisfy its intalligible After May 1,	, Fee is \$550.007 UBR is \$61,25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE P/D/T/S NAME JUAN CARLOS MEJIA STREET ADDRESS 200 SE 15 ROAD APT#7A CITY-ST-ZIP MIAMI, FLORIDA 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000056661575 -06/03/0201091033 ****150.00 ****150.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Edirida Statutes. I further certify that the information indicated on this report or supplemental eport 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all prier like empowered.		
SIGNATURE JUAN CARLOS MEJIA 4/3/02 SIGNATURE SIGNATURE NO TYPED HAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		