2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000097264

1. Entity Name J.C.H. TRANSFERS INC.

Mailing Address

2742 SW 165 AVE MIRAMAR, FL 33027

Principal Place of Business

2742 SW 165 AVE MIRAMAR, FL 33027

FILED Mar 05, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-0222535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

No Chg-P

03022004

HERNANDEZ, JUAN C 2742 SW 165 AVE MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title	supplicable. (NOTE Registered	i Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution			cing	\$5.00 May Be Added to Fees		
10,	OFFICERS AND DIRECTORS					- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JUAN C 2742 SW 165 AVE MIRAMAR, FL 33027					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***************************************			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
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 required 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: WM CHE 3/2/04 305-575-1853						

INNED NAME OF SIGNING OFFICER OR DIRECTOR