


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2005 8:00 am
Secretary of State

07-12-2005 90039 014 ***150.00
08-15-2005 90083 015 ***408.75



1st MOORE CR2E034 (10/04)

DOCUMENT # P01000097264					
1. Entity Name J.C.H. TRANSFERS INC.					
Principal Place of Business 2742 SW 165 AVE MIRAMAR FL 33027			Mailing Address 2742 SW 165 AVE MIRAMAR FL 33027		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0222535	
				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				7. Name and Address of New Registered Agent	
HERNANDEZ, JUAN C 2742 SW 165 AVE MIRAMAR FL 33027				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JUAN C			NAME	
STREET ADDRESS	2742 SW 165 AVE			STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33027			CITY - ST - ZIP	
TITLE	S.D. Hernandez Iris C.	<input type="checkbox"/> Delete		TITLE	S.D. Hernandez Iris C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2742 SW 165 AVE			NAME	2742 SW 165 AVE
STREET ADDRESS	MIRAMAR, FL. 33027			STREET ADDRESS	MIRAMAR, FL. 33027
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				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)(l), 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: <i>Juan C. Hernandez</i>				6/30/05 954-435-3444	
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				_____ <small>Date Daytime Phone</small>	