

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 036 \*\*\*150.00

**DOCUMENT # P01000102360**

1. Entity Name  
JC DELIVERY SERVICE, INC.



Principal Place of Business

707 E 9 ST  
HIALEAH, FL 33010

Mailing Address

707 E 9 ST  
HIALEAH, FL 33010

2. Principal Place of Business

2224 SW 62 Ave

3. Mailing Address

2224 SW 62 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1148265

Applied For

Not Applicable

Zip

33155

Country

USA  
mia-Dade

Zip

33155

Country

USA  
Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUELLAR, JUAN C  
707 E 9 ST  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name Cuellar, Juan C

Street Address (P.O. Box Number is Not Acceptable)

2224 SW 62 Ave

City

Miami

FL

Zip Code

33155

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CUELLAR, JUAN C  
STREET ADDRESS 707 E 9 ST  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Cuellar, Juan C  
STREET ADDRESS 2224 SW 62 Ave  
CITY-ST-ZIP Miami, FL 33155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/05

Daytime Phone #