FROM :MELS-ACCOUTING FAX NO. :

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90206 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114012

1. Entity Name
J.C. RON ENTERPRISES, INC.

24068818

Principal Place of Business	Mailing Address
~~1920 NORTHGATE BLVD.~~ 2323 19ST ~~STE. A4~~ SARASOTA, FL 34234	~~1920 NORTHGATE BLVD.~~ STE. A4 SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE

03052004 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0003447
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, LESLIE I
28 W FLAGLER ST, 11TH FL
MIAMI, FL 33130

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RONQUILLO, JUAN C
STREET ADDRESS	~~4707 FIRST ST EAST, #278~~ 2323 19 ST
CITY-ST-ZIP	~~BRADENTON, FL 34208~~ SARASOTA, FL 34234
TITLE	VSD
NAME	RONQUILLO, CLARA E
STREET ADDRESS	~~4707 FIRST ST EAST, #278~~ 2323 19 ST
CITY-ST-ZIP	~~BRADENTON, FL 34208~~ SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Juan Carlos Ronquillo 04/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone #