2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2005 8:00 am Secretary of State

05-05-2005 90090 032 ***150.00

ANNUAL REPORT	
DOCUMENT # P0200006279	
I. Entity Name	

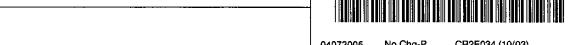
1. Entity Name
JC & L CATERING, INC.

Principal Place of Business

Mailing Address

2768 GRAMBOLA CIR # 206 COCONUT CREEK, FL 33066

JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 2768 GRAMBOLA CIR # 206 COCONUT CREEK, FL 33066



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	545,2555 s.i.g .	· · ·	2007 (10/00)
	4. FEI Number		Applied For
	03-0379693		Not Applicable
	5. Certificate of Status Desired		\$8.75 Additional Fee Required
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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_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered /	igent signature	e required when reinstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			ing 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CUELLAR, JUAN CARLOS 2768 GRAMBOLA CIR # 206 COCONUT CREEK, FL 33066								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby d	certify that the information supplied with this fi	ing does not qualify for the exem	ption state	d in Section 119.07(3	(i)(i). Florida Statutes, I further certify that the information				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2005

Daytime Phone #