2007 FOR PROFIT CORPORATION

FILED 00 A ate

| _ | ANNUA | | | Mar 12, 200 | | | |
|--|--|---|------------------------------|---------------------------|-------------------------|--|------------------------|
| | MENT # P0200002 | | | | Secre | etary of Sta | |
| 1. Entity Name J C MACHINE SHOP ASSOCIATES INC. | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | 1 | | | |
| 3021 N.W. 2 MIAMI, FL 3 | 7TH AVENUE 3142 | | | | | | |
| | | | | | | | |
| r | O NOT WRIT | CE | 03092007 | No Chg-P | CR2E034 | | |
| L | O NOT WICH | CL | 4. FEI Numb 65-012 | | | Applied For Not Applicable .75 Additional | |
| | 6. Name and Address of Curre | ant Registered Agent | | U. Cortinoato | | Fee | Required |
| | | | - ' | | | | |
| MATOS, YOLANDA 3021 N.W. 27TH AVENUE | | | | DO | NOT W | RITE | |
| MIAMI, FL | 33142 | | | IN T | THIS SF | PACE | |
| | | | | | | | |
| 8. The above | named entity submits this statementions of registered agent. | nt for the purpose of changing its register | ered office or registe | red agent, or bo | oth, in the State of Fl | orida. I am fam | iliar with, and accept |
| | La Cinda U | labo | | | 3- | 9-07 | |
| SIGNATURE. | Signature, speci or printed name of registered a | gent and title if applicable (NOTE; Registe | ared Agent aignsture require | d when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be led to Fees | | | |
| 10. | | ND DIRECTORS | | | <u> </u> | | |
| TITLE NAME | PD MATOS, JUAN | | | | | | |
| STREET ADDRESS | 5751 SW 27TH ST. | | | | | | |
| CITY-ST-ZIP TITLE | MIAMI, FL 33155 | | | | Hō | 00006632 | 202 |
| NAME | MATOS, YOLANDA | | | | 03/21 | 707-800 | 4̃3–̃023 150.∳0 |
| STREET ADDRESS CITY-ST-ZIP | 6550 S.W. 37TH ST. MIAMI, FL 33155 | | | | | | |
| TITLE | TD | | | | | | |
| NAME STREET ADDRESS | MATOS, CESAR 6550 S.W. 37TH ST. | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33155 | | | DO | NOT W | RIIE | |
| TITLE NAME | | | | IN ' | THIS SI | PACE | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | _ | | | | ļ |
| TITLE NAME | | | | | | | |
| STREET ADDRESS | | | | | | | j |
| CITY-ST-ZIP | : | | _ | | | | |
| TITLE NAME | | | | | , | | |
| STREET ADDRESS | | \$1 | , | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

3-9-07

Daytme Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: