

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90967 022 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name	P02000037123
J.C. FLOWERS, CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6109 N.W. 72 AVE. Suite, Apt. #, etc.	3. Mailing Address 7255 NW 44 ST Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI FLORIDA	4. FEI Number 04-3847941	Applied For Not Applicable
Zip 33160	Country	5. Certificate of Status Desired 33166	<input type="checkbox"/> \$8.75 Additional Fee Required

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN C. CASTRILLON
Street Address (P.O. Box Number is Not Acceptable) 10300 SW 24 STREET # 125
City MIAMI
State FL
Zip Code 33165

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAN C. CASTRILLON 10300 SW 24 STREET # 125 MIAMI, FL. 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILTON M. CASTRILLON 10300 SW 24 STREET # 125 MIAMI, FL. 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. ALEXANDRA BETANCUR 10300 SW 24 STREET # 125 MIAMI, FL. 33165
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #