2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 05-03-2004 91027 030 ***150.00 DOCUMENT # P02000059245 1. Entity Name JC NIGHTCLUB, INC. Principal Place of Business Mailing Address 2100 HOLLYWOOD BOULEVARD 2100 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 CR2E034 (10/03) 04302004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3049331 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTORO, FRANCIS X ESQ. DO NOT WRITE LAW OFFICES OF FRANCIS X. CASTORO, P.A. 2100 HOLLYWOOD BLVD. IN THIS SPACE HOLLYWOOD, FL 33020 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. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THILE D CABRERA, JANET 2100 HOLLYWOOD BOULEVARD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 ther like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davime Phone #

FILED May 03, 2004 8:00 am