2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065725

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Delete

FILED Apr 27, 2009 Secretary of State

Entity Na	me: JLC INTE	ERNATIONAL GROUP, INC					
Current Principal Place of Business:				New Principal Place of Business:			
	CEAN DRIVE # DALE BEACH, I						
Current Mailing Address:				New Mailing Address:			
	CEAN DRIVE # PALE BEACH, F						
FEI Number	: 33-1008894	FEI Number Applied For()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
18501 PIN	ISULTANTS IES BLVD STE KE PINES, FL						
	e named entity : e of Florida.	submits this statement for th	e purpose of	changing i	ts registere	ed office or registered agent, or	· both,
SIGNATU	RE:						
	Electror	nic Signature of Registered	Agent			Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DELGADO, JO 1830 S OCEAN			Title: Name: Address: City-St-Zip:	1830 S OC	(X) Change () Addition PABON, JOSE A EAN DRIVE #2711 LE BEACH, FL 33009	
Title: Name: Address: City-St-Zip:	CASTAÑEDA, L 1830 S OCEAN			Title: Name: Address: City-St-Zip:	1830 S OC	(X) Change()Addition DA, LEONOR EAN DRIVE #2711 LE BEACH, FL 33009	
Title:	() Delete		Title [.]	т	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DELGADO, DAVID F

DELGADO, MÓNICA L

1830 S OCEAN DRIVE #2711

1830 S OCEAN DRIVE #2711

HALLANDALE BEACH, FL 33009

HALLANDALE BEACH, FL 33009

() Change (X) Addition

SIGNATURE: JOSE DELAGDO PABON P 04/27/2009