

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 020 ***150.00

DOCUMENT # P02000113433			
1. Entity Name J S C EXPRESS, INC			
Principal Place of Business 20719 NW 3RD STREET PEMBROKE PINES, FL 33029		Mailing Address 20719 NW 3RD STREET PEMBROKE PINES, FL 33029	
2. Principal Place of Business 3909 SE 1ST PLACE Suite, Apt. #, etc.		3. Mailing Address 3909 SE 1ST PLACE Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33904		Zip 33904	
Country		Country	
6. Name and Address of Current Registered Agent CHARLOTIN, JEAN S 20719 NW 3RD STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3909 SE 1ST PLACE City CAPE CORAL FL Zip Code 33904	
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 <u>JEAN S CHARLOTIN</u> <i>Charlotin</i> DATE <u>6/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME CHARLOTIN, JEAN S STREET ADDRESS P.O. BOX 5674 CITY-ST-ZIP HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3909 SE 1ST PLACE CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>JEAN S CHARLOTIN, Pres.</u> <i>Charlotin</i> Daytime Phone # <u>786 229-1087</u>			