


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000129432</b>	
1. Entity Name JDCR INVESTMENTS INC.	

Principal Place of Business 7800 W. OAKLAND PARK BLVD. BUILDING G SUNRISE, FL 33351	Mailing Address 7800 W. OAKLAND PARK BLVD. BUILDING G SUNRISE, FL 33351
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02062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4225989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JOVANOVIC, DOUGLAS ESQ. 17 SOUTHEAST 24TH AVENUE POMPANO BEACH, FL 33062	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. #G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPIERRE, CLAUDETTE 7800 W. OAKLAND PARK BLVD. #G SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEDUC, JOHANNE 9890 BAYSHORE ROAD NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENE, DANIEL 9890 BAYSHORE ROAD NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000088698  
03/15/04-80062-003 150.00

**DO NOT WRITE  
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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)(f), 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:**  **Rejean Lapierre** 2/12/04 954-742-8802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #