

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000129432

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



03082006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4225989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS ESQ.
17 SOUTHEAST 24TH AVENUE
POMPAÑO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAPIERRE, REJEAN
STREET ADDRESS	7800 W. OAKLAND PARK BLVD. #G
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD
NAME	LAPIERRE, CLAUDETTE
STREET ADDRESS	7800 W. OAKLAND PARK BLVD. #G
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	TD
NAME	LEDUC, JOHANNE
STREET ADDRESS	9890 BAYSHORE ROAD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	VD
NAME	RENE, DANIEL
STREET ADDRESS	9890 BAYSHORE ROAD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000482975
04/11/06-80099-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REJEAN LAPIERRE

Date

3/18/06

Daytime Phone #

954-749-8805