

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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



03262007 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
POMPANO 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

UD00000685659
04/09/07-80014-017 150.00

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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 if 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

3/26/07
Date

954-749-8802
Daytime Phone #