2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 02, 2007 08:00 AM DOCUMENT # P03000015850 **Secretary of State** JC REAL ESTATE INVESTMENT, INC. Principal Place of Business Mailing Address P.O. BOX 924320 PRINCETON FL 33092 20200 SW 248 ST HOMESTEAD FL 33031 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State 4. FÉI Number City & State Applied For 13-4237353 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHERTA, GERRADO Stroot Address (P.O. Box Number is Not Acceptable) 20200 SW 248 ST MIAMI FL 33031 City Zip Code 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 agont. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTI; Registered Ageni signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIE Defete TITLE Change CHERTA, GERARDO NAME NAME U000000619418 P.O. BOX 924320 STREET ADDRESS STREET ADDRESS 02/08/07-80071-018 158.75 PRINCETON FL 33092 CITY-ST-ZIP CHY-ST-7IP VD HILE ☐ Delete TITLE Change Addition CHERTA, LUCRECIA T NAME: NAME P.O. BOX 924320 STREET ADDRESS STREET ADDRESS PRINCETON FL 33092 CHY-ST-ZIP CATY-ST-ZIP SD IIILE ☐ Defete Addition CHERTA, JAVIER NAME NAME P.O. BOX 924320 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP PRINCETON FL 33092 CITY-SI-ZIP ☐ Change ☐ Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

THEF

NAME

STREET ADDRESS

CHY+SI-7IP

☐ Delete

1/31/07 305-7129093

□ Change

☐ Addition