

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

P03000028527
FILED
04 MAY 25 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000028527
1. Entity Name J.C. Commodities Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6878 NW 20th Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, FL	City & State	4. FEI Number 86-1051824	Applied For Not Applicable
Zip 33309	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Desmond G. Thomas
Street Address (P.O. Box Number is Not Acceptable)
1070 SW 46th Ave Suite 111
Pompano Beach
City
FL **Zip Code**
33067

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  **Gladys Oqugua Thomas** **4/7/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME Desmond G. Thomas
STREET ADDRESS 1070 SW 46th Ave Suite 111 FL	
CITY-STATE-ZIP	
TITLE VP	NAME Gladys Thomas
STREET ADDRESS 1070 SW 46th Ave Suite 111	
CITY-STATE-ZIP Pompano Beach FL 33067	
TITLE VP	NAME Luis F. urdaneta
STREET ADDRESS 11200 N.W. 71st ST.	
CITY-STATE-ZIP Doral Isles FL 33178	
TITLE V.P. Treasurer	NAME Anamaria urdaneta
STREET ADDRESS 11200 N.W. 71st ST.	
CITY-STATE-ZIP Doral Isles FL 33178	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  **Gladys Oqugua Thomas** **4/7/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #