

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000056127

Entity Name: JC TENNIS ACADEMY, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

240 LAKESIDE CIRCLE  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

240 LAKESIDE CIRCLE  
SUNRISE, FL 33326

**New Mailing Address:**

FEI Number: 26-0307197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, DON P.A.  
1820 N. CORP. LAKES BLVD., STE #201  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: KLEIN, SHAWN  
Address: 1151 FAIRLAKE TERR. #1707  
City-St-Zip: WESTON, FL 33326

Title: VTD  
Name: OCAMPO, JUAN C  
Address: 1820 N. CORP LAKES BLVD., STE. 201  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN OCAMPO

SR.

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date