

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000059537

1. Entity Name
JNC CONSULTING CORP.



**FILED
Jan 31, 2005 8:00 am
Secretary of State**

01-31-2005 90063 034 ***150.00

Principal Place of Business 145 JEFFERSON AVE #435 MIAMI BCH, FL 33139		Mailing Address 145 JEFFERSON AVE #435 MIAMI BCH, FL 33139	
2. Principal Place of Business 5414 PINE TREE DR Suite, Apt. #, etc.		3. Mailing Address 5414 PINE TREE DR Suite, Apt. #, etc.	
City & State MIAMI BEACH Zip 33140		City & State MIAMI BEACH Zip 33140	
Country U.S.A		Country U.S.A	
6. Name and Address of Current Registered Agent CAPOTE, NIBALDO J 145 JEFFERSON AVE #435 MIAMI BCH, FL 33139			
7. Name and Address of New Registered Agent Name NIBALDO J. CAPOTE Street Address (P.O. Box Number is Not Acceptable) 5414 PINE TREE DR. City MIAMI BEACH FL Zip Code 33140			

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: *Capote*

1/21/05

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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE P NAME CAPOTE, NIBALDO J STREET ADDRESS 145 JEFFERSON AVE #435 CITY-ST-ZIP MIAMI BEACH, FL 33139</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><i>Capote, NIBALDO J. 5414 PINE TREE DR. MIAMI BEACH FL 33140</i></p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 titles empowered.

SIGNATURE: *Capote*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05 3058603789
Date Daytime Phone #