

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-31-2005 90063 034 \*\*\*150.00

<b>DOCUMENT # P03000059537</b> 1. Entity Name <b>JNC CONSULTING CORP.</b>					
Principal Place of Business <b>145 JEFFERSON AVE #435</b> <b>MIAMI BCH, FL 33139</b>			Mailing Address <b>145 JEFFERSON AVE #435</b> <b>MIAMI BCH, FL 33139</b>		
2. Principal Place of Business <b>5414 PINETREE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>5414 PINETREE DR</b> Suite, Apt. #, etc.			
City & State <b>MIAMI BEACH</b>		City & State <b>MIAMI BEACH</b>		4. FEI Number <b>54-2138463</b>	
Zip <b>33140</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAPOTE, NIBALDO J</b> <b>145 JEFFERSON AVE #435</b> <b>MIAMI BCH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>NIBALDO J. CAPOTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5414 PINETREE DR.</b> City <b>MIAMI BEACH</b> FL <b>33140</b>		
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 <span style="float: right;">1/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete <b>CAPOTE, NIBALDO J</b> <b>145 JEFFERSON AVE #435</b> <b>MIAMI BEACH, FL 33139</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CAPOTE, NIBALDO J.</b> <b>5414 PINETREE DR.</b> <b>MIAMI BEACH FL 33140</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 information empowered.					
SIGNATURE:			1-21-05 305 260 3789		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		