



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000086227			
1. Entity Name JC FILMS, INC.			
Principal Place of Business 2021 SW 3RD AVE SUITE 504 MIAMI, FL 33129	Mailing Address 2021 SW 3RD AVE SUITE 504 MIAMI, FL 33129		
DO NOT WRITE IN THIS SPACE		 01042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 86-1076274	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
RODRIGUEZ, JULIO C 2021 SW 3RD AVE SUITE 504 MIAMI, FL 33129			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
TITLE	DP		
NAME	RODRIGUEZ, JULIO C		
STREET ADDRESS	2021 SW 3RD AVE SUITE 504		
CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	VPD		
NAME	LOPEZ, LAURA		
STREET ADDRESS	2021 SW 3RD AVE SUITE 504		
CITY-ST-ZIP	MIAMI, FL 33129		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 same address, with all other like empowered.			
SIGNATURE: _____		01/04/08 1(305)8544484	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	