


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90051 042 ***150.00

DOCUMENT # P03000091055	
1. Entity Name J.C.V 111 ENTERPRISES, INC	

Principal Place of Business JOSEPH C. VERSACIO 111 4816 N STATE ROAD 7 STE 306 CORAL SPRINGS, FL 33073	Mailing Address JOSEPH C. VERSACIO 111 4816 N STATE ROAD 7 STE 306 CORAL SPRINGS, FL 33073
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24056259



2. Principal Place of Business 19380 Collins Ave Suite, Apt. #, etc. 1704 City & State SUNNY ISLES, FL Zip 33160 Country U.S.	3. Mailing Address 19380 Collins Ave Suite, Apt. #, etc. 1704 City & State SUNNY ISLES, FL Zip 33160 Country U.S.
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04202004 Chg-P CR2E034 (10/03)

4. FEI Number 41-2106138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VERSACIO, JOSEPH C 111 4816 N STATE RD 7 STE 306 CORAL SPRING, FL 33073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19380 Collins Ave #1704 City SUNNY ISLES FL Zip Code 33160
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VERSACIO, JOSEPH C 111 4836 N STATE RD 7 CORAL SPRING, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres & Sec Joseph Versacio III 19380 Collins Ave #1704 SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Change <input checked="" 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
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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 like empowered.

SIGNATURE: _____ Date: 4/20/04 Daytime Phone: _____