


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90001 041 ***150.00

DOCUMENT # P03000107859 1. Entity Name JCPRINTS INC.																										
Principal Place of Business 7105 SW 8ST, STE 401 MIAMI, FL 33144			Mailing Address 7105 SW 8ST, STE 401 MIAMI, FL 33144																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State Zip			City & State Zip																							
Country			Country																							
4. FEI Number 320094347			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 OCHOA, JOHN 7105 SW 8ST, STE 401 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																						
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.				FL Zip Code																						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCHOA, JOHN.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7105 SW 8ST, STE 401</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33144</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	OCHOA, JOHN.		CITY-ST-ZIP	7105 SW 8ST, STE 401			MIAMI, FL 33144		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <i>John N. Ochoa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05/20/04 305-261-9440 <small>Date Daytime Phone #</small>																							

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