

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119937

Entity Name: JC & SALDANA INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

11510 NW 89TH AVE
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

11510 NW 89TH AVE
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 51-0492527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALDANA, EVA GABRIELA
11510 NW 89TH AVE
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALDANA, HUMBERTO
Address: 11510 NW 89TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: D () Delete
Name: SALDANA, MIREYA
Address: 11510 NW 89TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: D () Delete
Name: SALDANA, HUMBERTO E
Address: 11510 NW 89TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: PRES () Delete
Name: SALDANA, EVA G
Address: 11510 NW 89TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA SALDANA

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date