


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90248 013 \*\*\*150.00

DOCUMENT # P03000125787			
1. Entity Name J.C. BUILDING SERVICES, INC.			
Principal Place of Business 3588 TALLULAH RD LAKE WORTH, FL 33462		Mailing Address 2072 S. MILITARY TRAIL, #11 W. PALM BCH, FL 33415	
2. Principal Place of Business		3. Mailing Address 3588 TALLULAH RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE WORTH FL	
Zip	Country	Zip	Country
33462	USA	33415	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELLIARD, ELIAS 2072 S. MILITARY TRAIL, #11 W. PALM BCH, FL 33415		Name EDELFO BRAVO	
		Street Address (P.O. Box Number is Not Acceptable) 3588 TALLULAH ROAD	
		City LAKE WORTH FL	
		Zip Code 33462	
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: <i>E. Bravo</i>		DATE: 1-9-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees:	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, EDELFO	NAME	
STREET ADDRESS	3588 TALLULAH RD,	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33462	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.			
SIGNATURE: <i>E. Bravo</i>		DATE: 1-9-06 (561) 502-4271	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	