**FILED** 

UNIFORM BUSINESS REPORT (UBR)				Mar 06, 2008 08:00 2 Secretary of State		
DOCUMEN 1. Entity Name				Secret	ary of State	
JC & SONS ENTE	RPRISES INC					
DO	NOT WRIT	E IN THIS	SPACE			
2. Principal Place of Business 50 W Palm Dr		3. Mailing Address		1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Margate, FL		City & State		4. FEI Number 55-0852695	Applied For Not Applicable	
Zip 33063	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				me and Address of Current Reg		
	DO NOT	MOITE	Name	Name		
DO NOT WRITE IN THIS SPACE			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	IIA 1 LIIO 2	PACE				
			City	FL	Zip Code	
8. The above name	ned entity submits this	statement for the pu	urpose of changing its regitions of registered agent.	gistered office or registered agent,	or both, in the	
SIGNATURE	a. Lam lambiai wilii, ar	nd accept the obligat	ions of registered agent.			
Sig	gnature, typed or printed nam	e of registered agent and t	itle if applicable. (NOTE: Regi	stered Agent signature required when reinsta	ating) DATE	
	y 1 - May 1 Fee is \$15 r May 1, Fee is \$550.0					
After May 1, Fee is \$550.0				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Paya	able to Florida Depar		······································		<del></del>	
TITLE	Pres	AND DIRECTORS	11.		~~~~~ <u>~~~</u>	
NAME	Cerrito, Joseph		NAME			
STREET ADDRESS			STREET ADDRES	ss 7,000,008498 03,221,08-8003	147°	
CITY-ST-ZIP TITLE	Margate, Fl 33063	<u> </u>	CITY-ST-ZIP	<u>03/21/08-800</u> :	}/-UU8 150.13	
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TITLE NAME			TITLE			
STREET ADDRESS	۱ ۵		NAME STREET ADDRES			
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TITLE			TITLE	IN THIS S		
NAME	_		NAME		PACE	
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TITLE			CITY-ST-ZIP TITLE			
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CITY-ST-ZIP TITLE			CITY-ST-ZIP	<u> </u>		
NAME			TITLE NAME	1		
STREET ADDRESS	s		STREET ADDRES	s		
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify th	at the information supplied	ed with this filing does r	not qualify for the exemption	stated in Section 119.07(3)(i), Florida	Statutes, I further	
certify that the inf	formation indicated on thi	is report or supplement	al report is true and accurate	and that my signature shall have the	same legal effect	
				tee empowered to execute this report at		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #