2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2005 8:00 am
Secretary of State
05-06-2005 90092 037 ***150.00

DOCUMENT # P04000020528

1. Entity Name
J.C. & CERUTTI PROPERTIES, INC.

Principal Place of Business	Mailing Address
7165 NW 186TH ST. A-111 MIAMI FL 33015	7165 NW 186TH ST. A-111 MIAMI FL 33015

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
2367 W 80 ST H#5			
Suite, Apt. #, etc.: HIALEAH FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip: 33016	Country: USA	Zip	Country

4. FEI Number 65-1215813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIETO, BELKIS
7165 NW 186TH ST.
A-111
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name: BELKIS Prieto
Street Address (P.O. Box Number is Not Acceptable): 7530 W 30 CT
City: HIALEAH, FL FL Zip Code 33018

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P PRIETO, BELKIS 7165 NW 186TH ST. A-111 MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Prieto, Belkis 2367 W 80 ST Bay H 5 HIALEAH, FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CERUTTI, JOSELEIER (Joselier) 7165 NW 186TH ST. A-111 MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ____________________ 4/28/05 (786) 295-3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #