


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90063 032 \*\*\*150.00

<b>DOCUMENT # P04000044200</b>		
1. Entity Name JC ELECTRONICS, CORP.		

Principal Place of Business 100 TAMiami BLVD MIAMI, FL 33144	Mailing Address 100 TAMiami BLVD MIAMI, FL 33144
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2. Principal Place of Business / No P.O. Box # 8764 SW 12 ST. Suite, Apt. #, etc. Apt #202. City & State Miami, FL 33174. Zip 33174.	3. Mailing Address 8764 SW 12 ST. Suite, Apt. #, etc. Apt #202. City & State Miami, FL. Zip 33174.
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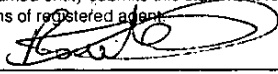
04102007 Chg-P CR2E034 (12/06)

4. FEI Number 80-0100596	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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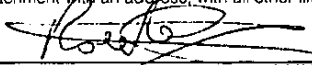
6. Name and Address of Current Registered Agent  GUTIERREZ, RAUL 100 TAMiami BLVD MIAMI, FL 33144	
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7. Name and Address of New Registered Agent Name: Gutierrez, Raul. Street Address (P.O. Box Number is Not Acceptable): 8764 SW 12 ST. Apt #202. City: Miami FL Zip Code: 33174.	
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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	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, RAUL 100 TAMiami BLVD MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gutierrez, Raul. 8764 SW 12 ST Apt #202 Miami, FL 33174. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, CARLOS M 100 TAMiami BLVD MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gonzalez, Carlos M. 8764 SW 12 ST Apt #202 Miami, FL 33174. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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