


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90010 026 ***150.00

DOCUMENT # P04000044200

1. Entity Name
JC ELECTRONICS, CORP.



Principal Place of Business Mailing Address

8764 SW 12 ST APT 202, 8764 SW 12 ST APT 202
 MIAMI, FL 33174 MIAMI, FL 33174

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

8764 SW 12 ST *8764 SW 12 ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt # 204 *Apt # 204*
 City & State City & State
Miami, FL *Miami, FL*
 Zip Zip
33174 *33174*

05012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 80-0100596 Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, RAUL
 8764 SW 12 ST APT 202
 MIAMI, FL 33174

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 # 204
 City *Miami* FL Zip Code *33174*

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: *Raul* DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, RAUL	
STREET ADDRESS	8764 SW 12 ST APT 202	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARLOS M	
STREET ADDRESS	8764 SW 12 ST #202	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gutierrez, Raul</i>	
STREET ADDRESS	<i>8764 SW 12 ST Apt # 204 Miami, FL</i>	
CITY-ST-ZIP	<i>33174</i>	
TITLE	<i>Vicepresident</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gonzalez, Carlos M</i>	
STREET ADDRESS	<i>8764 SW 12 ST Apt # 204</i>	
CITY-ST-ZIP	<i>Miami, FL 33174</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Raul* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #