

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90078 025 ***150.00

DOCUMENT # P04000062769	
1. Entity Name	
J C M ENTERPRIZE GROUP, CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5631 PALM AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0755910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIVEL D GARCIA	
Street Address (P.O. Box Number is Not Acceptable) 5631 PALM AVENUE	
City HIALEAH	Zip Code 33012

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 *Marivel D Garcia* **MARIVEL D GARCIA** **6/13/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIVEL D GARCIA 5631 PALM AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUAN C GARCIA 5631 PALM AVENUE HIALEAH, FL 33012
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marivel D Garcia* **MARIVEL D GARCIA** **6/13/2005** **(305) 231-1483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40089076

J C M ENTERPRIZE GROUP, CORP
5631 PALM AVENUE
HIALEAH, FL 33012

June 13, 2005

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Ref: P04000062769

Enclosed please find the 2005 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we have not received any notice in this regard.

Thanking you in advance we remain.

Sincerely,



Marivel D Garcia
President