


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90013 021 ***150.00

DOCUMENT # P04000069172	
1. Entity Name J&C MERCADEO, INC.	

Principal Place of Business 999 BRICKELL AVE 1002 MIAMI, FL 33131 US	Mailing Address MUN 4416 PO BOX 025352 MIAMI, FL 33102 US
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DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent	
FERRER, MARIA N 999 BRICKELL AVE 1002 MIAMI, FL 33131	

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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 _____	(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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRER, MARIA N 999 BRICKELL AVE 1002 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRER, CARMEN C 999 BRICKELL AVE 1002 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRER, CARLOS E 999 BRICKELL AVE 1002 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRER, JOSE A 999 BRICKELL AVE 1002 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: <u>Maria Neves Ferrer</u>	<u>Feb. 23, 2007</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>