2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083652

FILED Apr 17, 2009 Secretary of State

Entity Name: JCE SERVICES INC. **Current Principal Place of Business: New Principal Place of Business:** 3939 W EDENROC CIR 5700 MEMORIAL HWY TAMPA, FL 33634 111 TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** P.O. BOX 26072 **TAMPA, FL 33623** FEI Number: 30-0522062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARIDE, JOSE 3939 EDEN ROC CIRCLE WEST TAMPA, FL 33634 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CARIDE, JOSE JR CARIDE, JOSE JR Name: Name: 3939 W EDENROC CIR 5700 MEMORIAL HWY SUITE 111 Address: Address:

City-St-Zip: TAMPA, FL 33634

Title: () Delete Name: Address: City-St-Zip:

City-St-Zip: TAMPA, FL 33615

Title: () Change (X) Addition

CASTELLANO, DAMARIS Name:

Address: 5700 MEMORIAL HWY SUITE 111

TAMPA, FL 33615 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JOSE A CARIDE JR 04/17/2009