


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90299 010 \*\*\*150.00

<b>DOCUMENT # P04000092140</b> 1. Entity Name <b>JGC REAL ESTATE INVESTMENT CORP.</b>					
Principal Place of Business <b>1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146</b>			Mailing Address <b>1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>					
<b>BARED, PABLO R ESQ</b> <b>1500 SAN REMO AVENUE SUITE 103</b> <b>CORAL GABLES, FL 33146</b>					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLON, JESUS GALDOS <input type="checkbox"/> Delete 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ABREU, LUISA C <input type="checkbox"/> Delete 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GALDOS COLON, IGNACIO JESUS <input type="checkbox"/> Delete 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GALDOS LAURETTA, INAKI R <input checked="" type="checkbox"/> Delete 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ivan Morales Colon <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1500 San Remo Ave #103 Coral Gables, FL 33146	
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>J Colon D</i>			Date: <i>4/18/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		