

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000102815	
1. Entity Name J.C. F.C. CORPORATION	

Principal Place of Business 701 PALM AVENUE HIALEAH, FL 33010	Mailing Address 701 PALM AVENUE HIALEAH, FL 33010
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1380164	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TEJADA, FERNANDO 701 PALM AVENUE HIALEAH, FL 33010
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6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

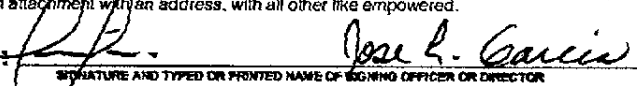
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/ GARCIA, JOSE L 2462 NW 31 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D TEJADA, FERNANDO 2462 NW 31 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/16/06-80040-004 150.00

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:  **Jose L. Garcia** 4-28-06 305-994-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #