


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

66 **FILED**
Mar. 03, 2008 08:00 A
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
---	---

DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1380164	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

TEJADA, FERNANDO
701 PALM AVENUE
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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 restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JOSE L 2462 NW 31 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEJADA, FERNANDO 2462 NW 31 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIVES, IDALMIS 701 PALM AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000844847
03/13/08-80015-013 150.00

**DO NOT WRITE
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:   1/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #