
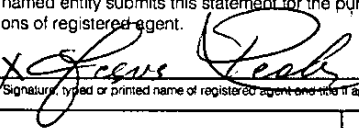
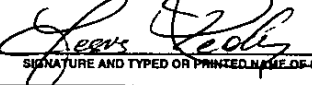


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90018 050 \*\*\*150.00

<b>DOCUMENT # P04000109614</b> 1. Entity Name <b>J.C MEDICAL OFFICE INC.</b>					
Principal Place of Business <b>4999 W 8TH AVE SUITE 23 HIALEAH, FL 33012</b>			Mailing Address <b>4999 W 8TH AVE SUITE 23 HIALEAH, FL 33012</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02032005    Chg-P    CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>32-0122471</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REALES, JESUS A. 13135 W 8TH SUITE 23 HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent Name <b>JESUS A. REALES</b> Street Address (P.O. Box Number is Not Acceptable) <b>4999 W 8th Ave Suite #23</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>	
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  DATE <b>2-12-05</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>REALES, JESUS A</b> <b>13135 SW 26TH ST</b> <b>MIRAMAR, FL 33027</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carmen Reales</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/D</b> <b>13135 SW 26th Street</b> <b>MIRAMAR FL 33027</b>	
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	
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.					
SIGNATURE:  <b>JESUS REALES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-12-05</b>		Daytime Phone # <b>(305)5569898</b>

40015451

