


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000126618 1. Entity Name JCL VENTURES CORP.	
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Principal Place of Business 169 E. FLAGLER STREET SUITE 1600 MIAMI, FL 33131	Mailing Address 169 E. FLAGLER STREET SUITE 1600 MIAMI, FL 33131
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04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 66-0611095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVENUE  
 SUITE 125  
 CORAL GABLES, FL 33146

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDENFELD, DANYA 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDENFELD, MARTIN 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESSLER, GARY 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESSLER, VIVIEN 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDENFELD, ELSA 169 E. FLAGLER STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000925064  
05/20/08-80011-018 150.00

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #