

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90037 017 ***150.00

DOCUMENT # P04000132285 1. Entity Name JC. CREATION INC.			
Principal Place of Business 10535 N W 27 AVE MIAMI, FL 33147		Mailing Address 10535 N W 27 AVE MIAMI, FL 33147	
2. Principal Place of Business 7366 NW 12 St. Suite, Apt. #, etc.		3. Mailing Address 7366 NW 12 St Suite, Apt. #, etc.	
City & State Miami FL Zip 33126		City & State Miami FL Zip 33126	
Country D.C.		Country D.C.	
4. FEI Number 14-1915589		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CISTERNA, JOSE H 10535 N W 27 AVE MIAMI, FL 33147		7. Name and Address of New Registered Agent Name Cisterna, Jose H. Street Address (P.O. Box Number is Not Acceptable) 7366 NW 12 St City Miami FL Zip Code 33126	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CISTERNA, JOSE H 991 NE 159 ST N MIAMI BCH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CISTERNA, PABLO 991 NE 159 ST N MIAMI BCH, FL 33162	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 3/02/06 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			