


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 018 ***150.00

DOCUMENT # PD4000144579	
1. Entity Name J.C.C. Investments & Concessions Inc	

DO NOT WRITE IN THIS SPACE

50017304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5704 S. Bayberry Lane Suite, Apt. #, etc.		3. Mailing Address 5704 S. Bayberry Lane Suite, Apt. #, etc.	
City & State TAMARAC, FLORIDA		City & State TAMARAC, FLORIDA	
Zip 33319	Country U.S.A.	Zip 33319	Country U.S.A.
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable)	
	1840 Coral Way, 4th Floor	
	City MIAMI	FL Zip Code 33145

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CONSTANCE COSTA 5704 S. Bayberry Lane TAMARAC, FL 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Constance Costa	4-16-06	954 465-3355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
CONSTANCE COSTA			

CR2E034B (12/02)