

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90173 040 \*\*\*150.00

**DOCUMENT # P04000146105**

1. Entity Name  
J.C. PRODUCTIONS AV, INC



Principal Place of Business  
15305 SW 103RD PLACE  
MIAMI, FL 33157

Mailing Address  
15305 SW 103RD PLACE  
MIAMI, FL 33157

20055761



2. Principal Place of Business

10771 S.W. 154<sup>th</sup>

3. Mailing Address

P.O. Box 770304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

36-4562917

Applied For

Not Applicable

Zip

33157

Country

DADE

Zip

33177

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, JANICE MARIA  
15305 SW 103RD PLACE  
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name Kenrick A. Andrews

Street Address (P.O. Box Number is Not Acceptable)

10771 S.W. 154<sup>th</sup>

City Miami

FL

Zip Code 33157

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: KENRICK A. ANDREWS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2005

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ANDREWS, KENRICK A	
STREET ADDRESS	15305 SW 103RD PLACE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, JANICE MARIA	
STREET ADDRESS	15305 SW 103RD PLACE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, KENRICK A	
STREET ADDRESS	10771 S.W. 154 <sup>th</sup>	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, KENRICK A	
STREET ADDRESS	10771 S.W. 154 <sup>th</sup>	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: KENRICK A. ANDREWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2005

DATE

786-333-3675

DAYTIME PHONE #