

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000162085**

1. Entity Name  
**J.A.C. BROTHERS CORP.**



Principal Place of Business  
**6854 NW 107TH PL  
DORAL, FL 33178**

Mailing Address  
**6854 NW 107TH PL  
DORAL, FL 33178**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1991080**

Applied For  
☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LEON, JEAN J  
6854 NW 107TH PL  
DORAL, FL 33178**

**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 Jean Leon

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

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEON, JEAN J 6854 NW 107TH PL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEON, CHRISTIAN J 6854 NW 107TH PL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEON, ANGELINE J 6854 NW 107TH PL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11000003000005  
01/20/06-80017-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06  
Date

Daytime Phone #