## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P05000024793 1. Entity Name



## FILED Apr 24, 2006 8:00 am Secretary of State 04-10-2006 90341 034 \*\*\*158.75

JC REALTY OF SOUTH FLORIDA, INC.						04-10-2000	<i>5</i> 0541 0.	74 130	3.73
Principal Place of Business 101 EDMUND ROAD HOLLYWOOD, FL 33023 US		Mailing Address 101 EDMUND ROAD HOLLYWOOD, FL 33023 US		£ ( <b>8 6 8 7</b> 1 11 11 1	1878 I Billi 1887 I BBIL BB		n i <b>ncis</b> talan m	Meri & Ilei	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State	City & State		4. FEI Number	74067	6	<u> </u>	plied For at Applicable
Zip	Country	Zip	Country			of Status Desired	Mr.	<b>\$8.75</b> Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered A	gent	
				ne					
101 EDML	D, JEAN C IND ROAD OOD, FL 33023		Street Address		P.O. Box Number	r is Not Acceptable	e)		
<u>.                                    </u>			City	r			FL	Zip Code	9
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									
					<del></del>				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fit Trust Fund Contribution					00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	D	☐ Deiete	TITLE		-			Change	Addition
NAME	EVEILLARD, JEAN CLAUDE		NAME						_
STREET ADDRESS	101 EDMUND ROAD		STREET ADDR	ESS					
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	- 1					
STREET ADDRESS			STREET ADORI	ESS					
CITY-ST-ZIP		***	CITY-ST-ZIP		·				
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NAME ATOSET ABORESO			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	ESS					
42 1 hereby		internal and the second	CITY-ST-ZIP		:- Ob 440	Balle Alan			

anciety certify that the information supplied with this filling 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: