


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000073083

1. Entity Name
J C MUZIK, INC



Principal Place of Business Mailing Address

**8760 SOUTHERN BREEZE DR
ORLANDO, FL 32836** **8760 SOUTHERN BREEZE DR
ORLANDO, FL 32836**

DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2864843 Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, LUIS A
8760 SOUTHERN BREEZE DR
ORLANDO, FL 32836**

**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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, LUIS A
STREET ADDRESS	8760 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32736
TITLE	VP
NAME	RODRIGUEZ, JEAN C
STREET ADDRESS	8760 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	S
NAME	LOPEZ, DELIA M
STREET ADDRESS	8760 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80064-010 450.00

**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 prepare 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 (he empowered.

SIGNATURE: *Luis A Rodriguez* 4-30-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date