

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90172 017 ***150.00

DOCUMENT # P05000073083

1. Entity Name
J C MUZIK, INC



Principal Place of Business
**8760 SOUTHERN BREEZE DR
ORLANDO, FL 32836**

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



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2864843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

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, 2008 Fee will be \$550.00**

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	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

Daytime Phone # _____