


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90237 050 ***158.75

DOCUMENT # P06000049106

1. Entity Name
JC AIRCRAFT INTERIORS, INC.



Principal Place of Business
1531 SW 36TH WAY
FT LAUDERDALE, FL 33312 US

Mailing Address
1531 SW 36TH WAY
FT LAUDERDALE, FL 33312 US

40096425

2. Principal Place of Business - No P.O. Box #
EXE AIRPORT HANGAR D4
 Suite, Apt. #, etc.
6000 NW 28TH WAY
 City & State
FORT LAUDERDALE FLA

3. Mailing Address
1531 SW 36TH WAY
 Suite, Apt. #, etc.
FORT LAUDERDALE
 City & State
FLA 33312

Zip
33312 Country
USA

Zip
33312 Country
USA



04152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

A & J ADVISORY SERVICE INC
2620 BUTTONWOOD AVE
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
20-4647418

Applied For
 Not Applicable

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-T LEON, JUAN C 1531 SW 36 WAY FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  **JUAN C. LEON** **APRIL-28-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #