

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90020 024 \*\*\*150.00

DOCUMENT # P06000098168

1. Entity Name  
OJCC, INC.



Principal Place of Business  
4250 ALAFAYA TRAIL  
SUITE 212-333  
OVIEDO FL 32765  
US

Mailing Address  
4250 ALAFAYA TRAIL  
SUITE 212-333  
OVIEDO FL 32765  
US



2. Principal Place of Business - No P.O. Box #

4250 Alafaya Trail  
Suite, Apt. #, etc.  
Suite 212-333  
City & State  
Oviedo FL 32765  
Zip  
32765  
Country  
USA

3. Mailing Address

4250 Alafaya Trail  
Suite, Apt. #, etc.  
Suite 212-333  
City & State  
Oviedo FL  
Zip  
32765  
Country  
US

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-5222987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTANOS, OMAR  
4250 ALAFAYA TRAIL  
SUITE 212-3333  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name  
Castanos Omar  
Street Address (P.O. Box Number is Not Acceptable)  
4250 Alafaya Trail  
Suite 212-3333  
City  
Oviedo  
FL  
Zip Code  
32765

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)

04/22/07  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	P COELLO, JAVIER 3513 STONEFIELD DRIVE ORLANDO FL 32826 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTANOS, OMAR 4250 ALAFAYA TRAIL, SUITE 212-333 OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

04/22/07

407-262-6203  
Daytime Phone #