2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 25, 2007 8:00 am Secretary of State

DOCUMENT # P06000098989 1. Entity Name JORSICA INVESTMENTS CORP.								05-24-200	7 9000	1 023 ***	*150.00
Principal Place of Business				Mailing Address			66019737				
13279 SW 124 ST Miami, FL 33186				13279 SW 124 ST Miami, Fl. 33186			00010101				
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2. Principal Place of Business - No P.O. Box.* 13279 SW 124 ST				3. Mailing Address 13279 Sto 124 St. Suita Apt. 1. etc. 1. 1044 Fl.							
Suite Apt. #, etc.			Suite Apt. #, etc.		05102007	Chg-P	CR2E	34 (12/06)			
City & State				City & State			4. FEI Numb		<u> </u>		pplied For
Zip		Country		Zip	Coun			<u> </u>	2	\$8.75 Add	ot Applicable i
^{ZIP} 33 y	96 -6Name	25A and Address of	Current F	33186 Registered Agent		75.A	<u> </u>	d Address of New R		Fee Require	ed .
FERNANDEZ, GEORGE								Georg			
13279 SW 124 ST MIAMI, FL: 33186								ogr is Not Acceptable			
ishwan' u.c.	. 33 100	re -									
•,	,					Mia			FL	Zip Cod	J)/4 0
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 (2/5/07											
Significate, tyced or printed fierne oil registered agent and lists a applicable (NOTE: Registered Agent significance when remaining) DATE											
FILE NOW!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution.											
10.		OFFICE	RS AND C	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME	P FERNAND	DEZ, GEORGE		☐ Delete	TITL!					☐ Change	Addition
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TITLE				☐ Delete	TITLE					Change	Addition
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CITY-ST-ZIP						- \$1 - ZIP					
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CITY-ST-ZIP		- lalaman's -	lta al . las	his Miss day		-ST-20P	<u> </u>				
12. I hereby 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 on 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 II changed, or on an attachment with an address, with all other like empowered.											
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SIGINAL	SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIDNING OFFICER OR DIRECTOR Date Description										