
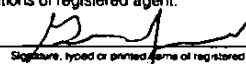
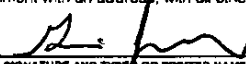


FILED
Jun 25, 2007 8:00 am
Secretary of State

05-24-2007 90001 023 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000098989			
1. Entity Name JORSICA INVESTMENTS CORP.			
Principal Place of Business 13279 SW 124 ST MIAMI, FL 33186		Mailing Address 13279 SW 124 ST MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 13279 SW 124 ST		3. Mailing Address 13279 SW 124 ST	
Suite, Apt. #, etc. Miami, FL		Suite, Apt. #, etc. Miami, FL	
City & State		City & State	
Zip 33186	Country USA	Zip 33186	Country USA
4. FEI Number 20-5313719		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 FERNANDEZ, GEORGE 13279 SW 124 ST MIAMI, FL 33186		7. Name and Address of New Registered Agent FERNANDEZ, GEORGE 13279 SW 124 ST MIAMI, FL 33186	
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  DATE 6/5/07 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FERNANDEZ, GEORGE 13279 SW 124 ST MIAMI, FL 33186 <input type="checkbox"/> Delete	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"/> 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: 		6/5/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	