

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 010 ***150.00

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1. Entity Name
JCS SWEET HOMES INC



Principal Place of Business
**1252 CORAL LANE
HOLLYWOOD, FL 33019**

Mailing Address
**1252 CORAL LANE
HOLLYWOOD, FL 33019**

40042111



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-1816398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAVIJO, JULIO E
1252 CORAL LANE
HOLLYWOOD, FL 33019**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
P
CLAVIJO, JULIO E
STREET ADDRESS
1252 CORAL LANE
CITY-ST-ZIP
HOLLYWOOD, FL 33019 ☐ Delete

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
VP
CLAVIJO, JULIO E JR
STREET ADDRESS
125 CORAL LANE
CITY-ST-ZIP
HOLLYWOOD, FL 33019 ☒ Delete

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
VP
CESAR, VERONICA
STREET ADDRESS
1252 CORAL LANE
CITY-ST-ZIP
HOLLYWOOD, FL 33019 ☐ Delete

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
VP
SANTILLAN, ANGELICA
STREET ADDRESS
1252 CORAL LANE
CITY-ST-ZIP
HOLLYWOOD, FL 33019 ☐ Delete

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Delete

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Delete

TITLE NAME
☐ Change ☐ Addition

12. I hereby certify that the information supplied in 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 reports 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julio E. Clavijo President 3-5-08 954-651-2786