2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093271

Entity Name: JC TAXES, CORP

City-St-Zip:

FILED May 15, 2008 Secretary of State

Entity Name: JC 1A/	RES, CORP				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
4951 W 6 AVE. HIALEAH, FL 33012					
Current Mailing Address:		New Maili	New Mailing Address:		
4951 W 6 AVE. HIALEAH, FL 33012					
FEI Number: 26-0742883	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
CUEVAS, JUDITH C 541 E 59 ST HIALEAH, FL 33013	US	460 E 23 S 502	, AMELIO T ST FL 33013 US		
The above named entition the State of Florida.	ry submits this statement for the pur	rpose of changing it	ts registered office or registered agent, or both	١,	
SIGNATURE: AMELIO FUENTES			05/15/2008		
Electr	onic Signature of Registered Agen	t	Date	-	
	193(2)(b), F.S., the corporation did not ring Trust Fund Contribution ().	eceive the prior notice	e.		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: P Name: CUEVAS, JU Address: 541 E 59 ST City-St-Zip: HIALEAH, FU		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition FUENTES, AMELIO T 460 E 23 ST # 502 HIALEAH, FL 33013		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition ESPINETA, TANIA S 8575 NW 165 TERR HIALEAH, FL 33016		
Title: Name: Address:	() Delete	Title: Name: Address:	O () Change (X) Addition LEZCANO, YOANY O 481 E 60 ST		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: HIALEAH, FL 33013

SIGNATURE: AMELIO FUENTES T 05/15/2008