2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046126

Entity Name: JCY CONSULTING, INC.

FILED Jan 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business:

New Principal Place of Business:

2701 SOUTH BAYSHORE DRIVE SUITE 402 100 N BISCAYNE BLVD MIAMI, FL 33133

SUITE 500 MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

2701 SOUTH BAYSHORE DRIVE SUITE 402 100 N BISCAYNE BLVD MIAMI, FL 33133

SUITE 500 MIAMI, FL 33132

FEI Number: 75-3268173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YANA, JEAN-CLAUDE JADE ASSOCIATES MIAMI, INC 2701 SOUTH BAYSHORE DRIVE SUITE 402 100 N BISCAYNE BLVD

MIAMI, FL 33133 US SUITE 500 MIAMI, FL 33132 US

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.

SIGNATURE: OLIVIER SUREAU 01/28/2009

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete YANA, JEAN-CLAUDE

Name: Name: YANA, JEAN-CLAUDE 2701 SOUTH BAYSHORE DRIVE SUITE 402 Address: 100 N BISCAYNE BLVD SUITE 500 Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33132

Title: Title: VΡ (X) Change () Addition () Delete

Name: BACQUA, PATRICE Name: BACQUA, PATRICE

2701 SOUTH BAYSHORE DRIVE SUITE 402 Address: 100 N BISCAYNE BLVD SUITE 500 Address:

MIAMI, FL 33133 MIAMI, FL 33132 City-St-Zip: City-St-Zip:

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.

SIGNATURE: JEAN-CLAUDE YANA PDT 01/28/2009

Electronic Signature of Signing Officer or Director

Date