

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000107829

Entity Name: JCC &amp; SDL INC.

**FILED**  
**Dec 15, 2009**  
**Secretary of State****Current Principal Place of Business:**8860 SW 41 ST  
B  
MIAMI, FL 33165**New Principal Place of Business:**301 MADEIRA AVE  
2  
CORAL GABLES, FL 33134**Current Mailing Address:**P.O. BOX 141691  
CORAL GABLES, FL 33114**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**FERNANDEZ, EDUARDO  
8860 SW 41 ST  
B  
MIAMI, FL 33165 US**Name and Address of New Registered Agent:**BONOPALADINO, LILIANA A  
301 MADEIRA AVE STE  
2  
CORAL GABLES, FL 33134 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: LILIANA A BONOPALADINO

12/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: FERNANDEZ, EDUARDO  
Address: PO BOX 141691  
City-St-Zip: CORAL GABLES, FL 33114**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: BONOPALADINO, LILIANA A  
Address: PO BOX 141691  
City-St-Zip: CORAL GABLES, FL 33114

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: LILIANA A BONOPALADINO

PD

12/15/2009

Electronic Signature of Signing Officer or Director

Date