

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000058018

1. Entity Name
J.R.C. ENTERPRISES COMPANY



Principal Place of Business
7378 SW 42ND ST
MIAMI, FL 33155

Mailing Address
7378 SW 42ND ST
MIAMI, FL 33155

**FILED
Apr 27, 2004 8:00 am
Secretary of State**

04-27-2004 90078 002 ***150.00

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0685446	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

CARO, JUAN R JR
13380 S.W. 131ST ST.
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARO, JUAN R JR.
STREET ADDRESS 13347 S.W. 36 ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE STD
NAME CARO, JUAN R SR.
STREET ADDRESS 13347 SW 36TH ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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IN THIS SPACE**