2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P96000058018** J.R.C. ENTERPRISES COMPANY Principal Place of Business Mailing Address 7058 SW 44TH STREET 7058 SW 44TH STREET MIAMI, FL 33155 MIAMI, FL 33155 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0685446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CARO, JUAN R JR DO NOT WRITE **7058 SW 44 STREET** MIAMI, FL 33155 IN THIS SPACE 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, typed or printed name of registered again and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TALLE CARO, JUAN R JR. NAME STREET ADDRESS 7058 SW 44 STREET CITY-ST-ZIP MIAMI, FL 33155 TITLE (1900005439**55** 05/11/06-800**15-023 150.00** CARO, JUAN R SR. NAME STREET ADDRESS 7058 SW 44 STREET MIAMI, FL. 33155 City-St-Zip NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this feport of 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 comporation 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 or an attachment with an address, with all other like emptywered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS. CITY-ST-ZIP

MANE STREET ADDRESS CITY-ST-ZIP

NAME SZERGON TEERTS CITY-ST-ZIP

> STONATURE AND TYPED OR PRINTED NAME OF SIGN ING OFFICER OR DIRECTOR