

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000061451

1. Entity Name
J.C. EXPRESS OF MIAMI, CORP.



Principal Place of Business

**8548 N.W. 72 ST.
MIAMI, FL 33166**

Mailing Address

**8548 N.W. 72 ST.
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0681643

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIRELA, JUAN CARLOS
8548 N.W. 72 STREET
MIAMI, FL 33166**

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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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	PIRELA, JUAN CARLOS
STREET ADDRESS	8548 N.W. 72 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	PIRELA, JUAN CARLOS
STREET ADDRESS	8548 N.W. 72 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	PIRELA, ADRIANA
STREET ADDRESS	8548 NW 72ND STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000205719
01/31/05-80057-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPE OF OFFICER OR DIRECTOR

Date

Daytime Phone #