

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P96000075328

1. Entity Name

J. C. HOLDING CORP.



Principal Place of Business

1990 SW 27 AVE
MIAMI, FL 33145

Mailing Address

13710 SW 8 STREET
MIAMI, FL 33184

03202008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0697515

Applied For

Not Applicable

5. Certificate of Status Desired


\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUETO, JORGE LUIS
1990 SW 27 AVE
MIAMI, FL 33145

**DO NOT WRITE
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 renouncing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME CUETO, JORGE LUIS
STREET ADDRESS 1990 SW 27 AVE
CITY - ST - ZIP MIAMI, FL 33145

TITLE V/T
NAME CUETO, JORGE L
STREET ADDRESS 1990 SW 27 AVE
CITY - ST - ZIP MIAMI, FL 33145

TITLE P
NAME PUENTES, JUAN C
STREET ADDRESS 1990 SW 27 AVE
CITY - ST - ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

Juan C Puentes 4-208

305-226-5669