

FILED
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Secretary of State

05-14-2007 90070 001 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000015855

1. Entity Name

J & JC TRAVEL CORPORATION



Principal Place of Business

753 NE 167TH ST.
NORTH MIAMI BEACH, FL 33162 US

Mailing Address

753 NE 167TH ST.
NORTH MIAMI BEACH, FL 33162 US



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0739748

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

TAMPLENZZA, ANNA
281 NE 170TH ST
MIAMI, FL 33162

**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

Anna Tamplenizza ANNA TAMPLENIZZA

JUN 4, 2007

Signature typed or printed name of registered agent and board applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAMPLENZZA, ANNA
STREET ADDRESS	281 NE 170TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Anna Tamplenizza ANNA TAMPLENIZZA / PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #