

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000046051

1. Entity Name
JC ENTERPRISE SERVICES, INC.



Principal Place of Business

62 INDIAN TRACE, SUITE 200
WESTON, FL 33326

Mailing Address

62 INDIAN TRACE, SUITE 200
WESTON, FL 33326



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0736929

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

ARZOLA, JUAN CARLOS
62 INDIAN TRACE, SUITE 200
WESTON, FL 33326

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 KATRINA A. ARZOLA VICE-PRESIDENT JAN 06, 2005
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

U00000176738
01/11/05-80008-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARZOLA, JUAN CARLOS
STREET ADDRESS	62 INDIAN TRACE, SUITE 200
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VP
NAME	ARZOLA, KATRINA A
STREET ADDRESS	62 INDIAN TRACE, SUITE 200
CITY-ST-ZIP	WESTON, FL 33326
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 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: KATRINA A. ARZOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 06, 2005
Date

(954) 349-8800
Daytime Phone #