

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90021 009 ***150.00

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



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 267938

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

WESTON, FLORIDA

4. FEI Number

65-0736929

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 - applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ARZOLA, JUAN CARLOS
62 INDIAN TRACE, SUITE 200
WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ARZOLA, KATRINA A
62 INDIAN TRACE, SUITE 200
WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JUAN C. ARZOLA

02/08/07

954 349-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #