FILED
Feb 05, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S21575

1. Entity Name
J.C.A. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1120 HOLLAND DRIVE STE # 3 BOCA RATON, FL 33487 US	1120 HOLLAND DRIVE STE # 3 BOCA RATON, FL 33487 US

DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0233255
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TELSEY, JEFFREY
1120 HOLLAND DRIVE, STE. 3
BOCA RATON, FL 33487

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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: Jeff Telsey 2/2/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing) 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	P
NAME	TELSEY, JEFFREY
STREET ADDRESS	1120 HOLLAND DRIVE, STE. 3
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: Jeff Telsey 2/2/07 561-994-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #