


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S94819**

1. Entity Name  
**JCCD, INC.**



Principal Place of Business      Mailing Address

**2800 PONCE DE LEON BLVD  
 STE 1125  
 CORAL GABLES FL 33134  
 US**

**2800 PONCE DE LEON BLVD  
 STE 1125  
 CORAL GABLES FL 33134  
 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

1st MOORE      CR2E034 (10/05)

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0381886**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BREIER, ROBERT G ESQ  
 2800 PONCE DE LEON BLVD  
 STE 1125  
 CORAL GABLES FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when constituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

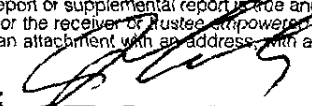
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JOHN, CONNELLY	60 NW 60 ST	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**UDD000511577**  
**04/29/06-80052-008 150.00**

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:**       **JOHN T. CONNELLY JR. 04/10/06**