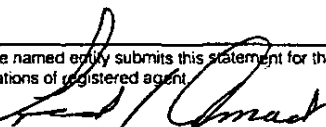
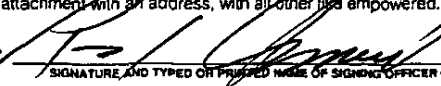


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-17-2004 90039 035 ***150.00

DOCUMENT # V09253					
1. Entity Name J.C. INDUSTRIAL MANUFACTURING CORPORATION					
Principal Place of Business 5700 NW 32 CT MIAMI FL 33142			Mailing Address 5700 NW 32 CT MIAMI FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0308542	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMADOR, PEDRO L 1571 NW 7 ST HALEAH FL 33014				Name Amador, Pedro L.	
				Street Address (P.O. Box Number is Not Acceptable) 15945 N.W. 79th PL.	
				City Miami	
				FL Zip Code 33016	
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 3/10/04					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMADOR, PEDRO L. 15954 NW 79TH PLACE HALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABRERA, JOSE A. 6930 BOTTLE BRUSH DRIVE MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABRERA, MINERVINA 14532 BALDOWAN ROAD MIAMI FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 3/29/04 305-634-5286					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					