
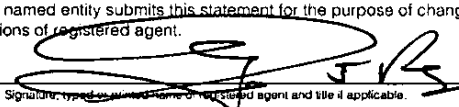
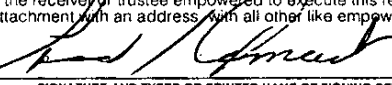


2006

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| <b>DOCUMENT # V09253</b><br>1. Entity Name<br><b>J.C. INDUSTRIAL MANUFACTURING CORPORATION</b>  |  |   |  |    |  | <b>FILED</b><br>06 FEB -3 PM 2:17<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>5700 NW 32 CT<br/>MIAMI, FL 33142</b>   |  |   |  | Mailing Address<br><b>5700 NW 32 CT<br/>MIAMI, FL 33142</b>   |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |   |  |
| 4. FEI Number<br><b>65-0308542</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>AMADOR, PEDIROT</b><br><b>15945 NW 79TH PL</b><br><b>MIAMI, FL 33016</b>   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>Alfonso J. Perez, Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>283 Catalonia Avenue, 2nd Floor</b><br><b>Coral Gables, FL 33134</b><br>City <b>FL</b> Zip Code <b>33134</b> |  |   |  |
| 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 <b>1/19/05</b>   |  |   |  |
| <b>Amended AR is \$61.25</b>  |  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>AMADOR, PEDRO L.<br>15954 NW 79TH PLACE<br>HIALEAH, FL 33016         | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>AMADOR, JORGE<br>5700 NW 32 CT<br>MIAMI, FL 33142  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>CABRERA, JOSE A.<br>6930 BOTTLE BRUSH DRIVE<br>MIAMI LAKES, FL 33014 | <input checked="" type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>AMADOR, DAISY<br>5700 NW 32 CT<br>MIAMI, FL 33142  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CABRERA, MINERVINA<br>14532 BALDOWAN ROAD<br>MIAMI, FL 33016         | <input checked="" type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREASURER<br>AMADOR, ANNABELLE<br>5700 NW 32 CT<br>MIAMI, FL 33142  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 200065847132<br>02/14/06--01049--005 **\$61.25 |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | B. A. / de / 04                                |   |  |   |  |
| 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:   |  |   |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  |   |  |   |  |
| DATE <b>12/22/05</b> Daytime Phone #  |  |   |  |   |  |   |  |