

2006

~~2005~~ FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V09253

1. Entity Name  
J.C. INDUSTRIAL MANUFACTURING CORPORATION



FILED  
06 FEB -3 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

12082005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
65-0308542

Applied For  
 Not Applicable

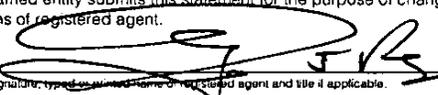
Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
AMADOR, PEDIROT  
15946 NW 79TH PL  
MIAMI, FL 33016

7. Name and Address of New Registered Agent  
Name: Alfonso J. Perez, Jr.  
Street Address (P.O. Box Number is Not Acceptable): 283 Catalonia Avenue, 2nd Floor  
Coral Gables, FL 33134  
City: Coral Gables, FL Zip Code: 33134

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: 1/19/05

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

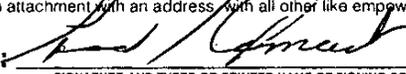
Amended AR is \$61.25

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	PD AMADOR, PEDRO L. 15954 NW 79TH PLACE HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABRERA, JOSE A. 6930 BOTTLE BRUSH DRIVE MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABRERA, MINERVINA 14532 BALDOWAN ROAD MIAMI, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMADOR, JORGE 5700 NW 32 CT MIAMI, FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AMADOR, DAISY 5700 NW 32 CT MIAMI, FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER AMADOR, ANNABELLE 5700 NW 32 CT MIAMI, FL 33142 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200065847132 02/14/06--01049--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B. J. Deloy

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: 12/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR