


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90304 050 \*\*\*150.00

**DOCUMENT # V55730**  
 1. Entity Name  
**JORCA CORPORATION, INC.**



Principal Place of Business  
**34 E 21ST ST  
 BUILDING  
 HIALEAH, FL 33010**

Mailing Address  
**4201 COLLINS AVE.  
 APT. #903  
 MIAMI BEACH, FL 33140**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0354076**

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

**6. Name and Address of Current Registered Agent**  
**PEREZ, EROTIDA C.  
 4201 COLLINS AVE APT #903  
 MIAMI, FL 33140**

**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: *Erotida Perez* / **Erotida Pérez** DATE: **4-23-05**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, EROTIDA C	
STREET ADDRESS	4201 COLLINS AVE APT 903	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, JORGE L	
STREET ADDRESS	4201 COLLINS AVE APT 1203	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Erotida Perez* / **Erotida Pérez** DATE: **4-23-05** DAYTIME PHONE: **305-538-8827**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR