2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V55730

1. Entity Name :

JORCA CORPORATION, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

34 E 21ST ST

4201 COLLINS AVE.

BUILDING (1)

APT. #903

HIALEAH, FL 33010

MIAML BEACH, FL 33140



04072008

CR2E034 (11/05)

4.	FEI Number
	65-0354076

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EROTIDA C. 4201 COLLINS AVE APT #903

MIAMI, FL: 33140

DC	M	TC	W	RII	E
A	TH	S	SF	AC	E

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8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent. SIGNATURE Control of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent. SIGNATURE Control of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent. SIGNATURE Control of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent. SIGNATURE Control of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent. SIGNATURE Control of the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent. SIGNATURE Control of the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am/amiliar with, and accept the obligations of registered agent.							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	000000910078 05/06/08-80096-006-150-01			
10.	OFFICERS AND DIREC	TORS					
NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ. EROTIDA C 4201 COLLINS AVE APT 903 MIAMI, FL 33140						
TITLE RAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE L 4201 COLLINS AVE APT 1203 MIAMI, FL 33140						
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP		** · · ·		NOT WRITE			
NAME STREET ADDRESS: CITY-ST-ZIP		·	IN.	THIS SPACE			
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP	: .						
TITLE NAME		•					
STREET ADDRESS		•					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.