

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000010772

Entity Name: JGCLA, INC.**Current Principal Place of Business:**110 CHESTNUT RIDGE RD, #142
MONTVALE, NJ 07645**Current Mailing Address:**110 CHESTNUT RIDGE RD, #142
MONTVALE, NJ 07645 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	PEREZ, GEORGINA
Address	5335 NW 87TH AVE, SUITE C109, #304
City-State-Zip:	DORAL FL 33178

Title	TREA
Name	PEREZ, GEORGINA
Address	5335 NW 87TH AVE, SUITE C109, #304
City-State-Zip:	DORAL FL 33178

Title	VP
Name	MARTINEZ, JUAN
Address	5335 NW 87TH AVE, SUITE C109, #304
City-State-Zip:	DORAL FL 33178

Title	SECY
Name	MARTINEZ, CHELOSKY
Address	5335 NW 87TH AVE, SUITE C109, #304
City-State-Zip:	DORAL FL 33178

Title	DIR
Name	PEREZ, GEORGINA
Address	5335 NW 87TH AVE, SUITE C109, #304
City-State-Zip:	DORAL FL 33178

Title	DIR
Name	MARTINEZ, JUAN
Address	5335 NW 87TH AVE, SUITE C109, #304
City-State-Zip:	DORAL FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGINA PEREZ**PRESIDENT****02/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date