


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H25705**

1. Entity Name  
**J. LAM CORP.**



Principal Place of Business      Mailing Address

500 SW 1ST STREET      500 SW 1ST STREET  
 MIAMI, FL 33130      MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**



01192005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-2475883**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CATURLA, EDGARDO V.  
 6301 BISCAYNE BLVD., STE. 202  
 MIAMI, FL 33138

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP JESUS, LAM 500 S.W. 1ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAM, HOK MING 500 S.W. 1ST STREET MIAMI, FL
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U00000188342  
 01/24/05-80052-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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      Daytime Phone #