

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # M00716

1. Entity Name
L. & J. GENERAL INTERNATIONAL, CORP.



Principal Place of Business
2424 NW 46 ST
MIAMI, FL 33142

Mailing Address
2424 NW 46 ST
MIAMI, FL 33142 US



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2417850	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARQUEZ & MARCELO-ROBAINA, P.A.
782 NW LEJEUNE ROAD
548
MIAMI, FL 33126

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 HERNANDEZ, LUIS A 2424 NW 46 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, JUSTO A 2424 NW 46 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, ERNESTO M 2424 NW 46 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FALLA, GREGORIO 2424 NW 46 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/08-80037-010 150.00

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12. I hereby certify that the information supplied with this filing 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 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: *Gregorio Falla* x *1/21/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #