


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90067 044 ***150.00

DOCUMENT # P04000046544
 1. Entity Name
LAW OFFICE J & S CONSULTING INC.



Principal Place of Business Mailing Address
 210 71 STREET SUITE #311 210 71 STREET SUITE #311
 MIAMI FL 33141 MIAMI FL 33141



2. Principal Place of Business 3. Mailing Address
 210-71 St. Suite 311. P O Box 13068
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Miami

1st MOORE CR2E034 (10/04)

City & State City & State
 MIAMI, FL FL
 Zip Country Zip Country
 33141 USA 33101-9998 USA

4. FEI Number Applied For
 20-2204574 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCIA, JUAN
 210 71 STREET SUITE #311
 MIAMI FL 33141

7. Name and Address of New Registered Agent
 Name DR. JAY GARCIA
 Street Address (P.O. Box Number is Not Acceptable)
 210-71 St. Suite 311
 City MIAMI FL Zip Code 33141

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 *[Signature]* DATE 03/28/05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JUAN	
STREET ADDRESS	210 71 STREET SUITE #311	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRANCO, JULIO CESAR	
STREET ADDRESS	210 71 STREET SUITE #311	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTOS, CAROLINA	
STREET ADDRESS	210 71 STREET SUITE #311	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANTOS, ADRIANA	
STREET ADDRESS	210 71 STREET SUITE #311	
CITY-ST-ZIP	MIAMI FL 33141	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doctor Jay Garcia	
STREET ADDRESS	210-71 St. Suite 311 - MIAMI FL 33141	
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: *[Signature]* DR. JAY GARCIA 03/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #