## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2005 08:00 AM Secretary of State

Entity Nan     LJH CON     Principal Place	DE OF BUSINESS M. 75TH STREET	falling Address 920 WEST 175TH STREET HOMEWOOD, IL 60430		Secretary of Stat
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04152005 No Chg-P CR2E034 (10/03)  4. FEI Number
GARBIS, GARY 3399 SOUTHWEST THIRD AVE. MIAMI, FL 33145				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 Signature, typed or printed name of registered agent and title If applicable (NOTE Registered Agent signature required when reinstating) ' DATE				
FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees				
10.	OFFICERS AND DIRE	CTORS		
NAME STREET ADDRESS CITY+ST-ZIP	CDP HOFFMAN, LARRY J 920 WEST 175TH STREET HOMEWOOD, IL 60430			U00000319407 04/20/05-80097-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	
TITLE NAME SYREET ADDRESS CITY - ST- ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
NAME STREET ADDRESS CITY+ST-ZIP				_
TITLE 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)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental proof 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 true e 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Oaviere Phone #				