2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G52130

1. Entity Name
GLJ ENTERPRISES, INC.

Principal Place of Business

#402

2455 W. INTL. SPAWY BLVD.

DAYTONA BEACH, FL 32114

Mailing Address

2455 W. INTL. SPAWY BLVD.

#402 Daytona Beach, Fl. 32114

FILED Apr 12, 2007 08:00 A Secretary of State



04092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2307114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOTARAS, LITSA 100 SILVER BEACH AVE #816 DAYTONA BEACH, FL 32118

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office	e or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE				
FILE NOWIL! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOTARAS, JOHN 5929 PHYLLIS LOU CIR. PORT ORANGE, FL		U00000701511 04/20/07-80058-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOTARAS, LITSA 100 SILVERBEACH AVE. #816 DAYTONA BCH., FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOTARAS, GEORGE 100 SILVERBEACH AVE. #816 DAYTONA BCH., FL		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

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 trueland 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:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPES OF PRINTED NAME OF SICHURG OFFICER OR DIRECT

JOHN NOTARA

4-8-07

3868465903

Daytime Phone #