


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90827 019 \*\*\*150.00

<b>DOCUMENT # G62781</b> 1. Entity Name <b>J R LL CORPORATION</b>																																																																																																																	
Principal Place of Business <b>191 E. 44TH ST. HIALEAH, FL 33013</b>			Mailing Address <b>174 EAST 47TH ST HIALEAH, FL 33013</b>																																																																																																														
2. Principal Place of Business - No P.O. Box # <b>7812 N.E. Miami Ct.</b>			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
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City & State <b>Miami, FL</b>			City & State																																																																																																														
Zip <b>33138</b>		Country <b>US</b>		Zip																																																																																																													
Country		Country		4. FEI Number <b>65-0011655</b>																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent  <b>LLANES, PAOLA 191 E. 44TH ST HIALEAH, FL 33013-8842</b>				7. Name and Address of New Registered Agent Name <b>Paola Llanes</b> Street Address (P.O. Box Number is Not Acceptable) <b>174 East 47 Street</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33013</b>																																																																																																													
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 <u><i>Paola Llanes</i></u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PDTE</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PDTE</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LLANES, PAOLA</td> <td></td> <td>NAME</td> <td>Llanes, Paola</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>191 E. 44TH ST</td> <td></td> <td>STREET ADDRESS</td> <td>174 E. 47 Street</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIALEAH, FL 33013</td> <td></td> <td>CITY - ST - ZIP</td> <td>Hialeah, FL 33013</td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PDTE	<input type="checkbox"/> Delete	TITLE	PDTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LLANES, PAOLA		NAME	Llanes, Paola		STREET ADDRESS	191 E. 44TH ST		STREET ADDRESS	174 E. 47 Street		CITY - ST - ZIP	HIALEAH, FL 33013		CITY - ST - ZIP	Hialeah, FL 33013								TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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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: <u><i>Paola Llanes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/26/07</u> Daytime Phone <u>(786) 489-1116</u>																																																																																																														