


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90078 046 ***150.00

DOCUMENT # J01038	
1. Entity Name FJR BUSINESS SERVICES, INC.	

Principal Place of Business 9002 SW 152ND ST DIXIE PLAZA MIAMI, FL 33157	Mailing Address 9002 SW 152ND ST DIXIE PLAZA MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # 9002 SW 152 ST	3. Mailing Address 9002 SW 152 ST
Suite, Apt. #, etc. PALMETTO BAY PLAZA	Suite, Apt. #, etc. PALMETTO BAY PLAZA
City & State PALMETTO BAY, FL	City & State PALMETTO BAY, FL
Zip 33157	Zip 33157
Country	Country

40005500

01212007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2630183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIEGLER, JAMES 14221 SW 92ND AVENUE MIAMI, FL 33176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIEGLER, FILOMENA 14221 SW 92ND AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIEGLER, JAMES 14221 SW 92ND AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: JAMES RIEGLER, PRES. 1/21/07 (305) 2544555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #