

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90019 017 \*\*\*150.00

<b>DOCUMENT # K38864</b>					
<b>1. Entity Name</b> LJR ASSOCIATES, INC.					
<b>Principal Place of Business</b> 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014			<b>Mailing Address</b> 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014		
<b>2. Principal Place of Business - No P.O. Box #</b> 12097 SW 7 ST		<b>3. Mailing Address</b> 12097 SW 7 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PEMBROKE PINES, FL.		<b>City &amp; State</b> PEMBROKE PINES, FL.		<b>4. FEI Number</b> 65-0099392	
<b>Zip</b> 33025		<b>Country</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  BYRD, RICHARD K 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014			<b>7. Name and Address of New Registered Agent</b> Name: BYRD, RICHARD K Street Address (P.O. Box Number is Not Acceptable): 12097 SW 7 ST City: PEMBROKE PINES FL Zip Code: 33025		
<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.</b>  SIGNATURE:  DATE: 3/31/08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refiling)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, RICHARD K PR 16105 NW 64 AVE, SUITE 322 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, DONNA W VP 2373 NW 184 TERR PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 3/31/08      Daytime Phone #: 954-303-8825		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					