


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 017 ***150.00

DOCUMENT # P00000020916
1. Entity Name
LJAIB ENTERPRISES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2345 LAKE DEBBA DR.		3. Mailing Address 2345 LAKE DEBBA DR.	
Suite, Apt. #, etc. APT. 2424		Suite, Apt. #, etc. APT. 2424	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32835	Country ORANGIE	Zip 32835	Country USA

DO NOT WRITE IN THIS SPACE

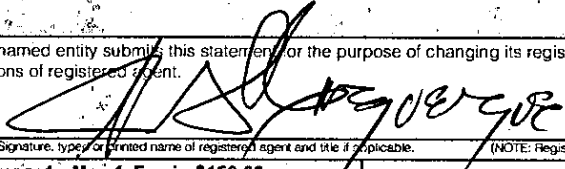
4. FEI Number 67-0986972		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name JOSE ALBUQUERQUE
Street Address (P.O. Box Number is Not Acceptable) 2345 LAKE DEBBA DR.
APT. 2424
City Orlando, FL State FL Zip Code 32835

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:  **4/21/03**

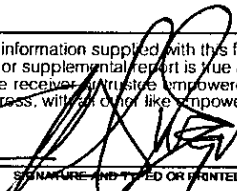
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. JOSE ALBUQUERQUE 2345 LAKE DEBBA DR. #2424 Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, without being like empowered.

SIGNATURE:  **JOSE ALBUQUERQUE** **4/21/03** **(407) 578-6860**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)