

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000045405

1. Entity Name
J & L ACCOUNTING SERVICES, INC.



Principal Place of Business
15487 S.W. 172ND TERRACE
MIAMI, FL 33187

Mailing Address
15487 S.W. 172ND TERRACE
MIAMI, FL 33187



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1006166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LASTRES, JUAN F
15487 S.W. 172ND TERRACE
MIAMI, FL 33187

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the Filing Agent

(NOTE: Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LASTRES, JUAN F
STREET ADDRESS 15487 S.W. 172ND TERRACE
CITY-ST- ZIP MIAMI, FL 33187

TITLE VD
NAME RIVERA, LISSETTE
STREET ADDRESS 15487 S.W. 172ND TERRACE
CITY-ST- ZIP MIAMI, FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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NAME
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CITY-ST- ZIP

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STREET ADDRESS
CITY-ST- ZIP

000000285262
04/02/05-80037-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature] **JUAN LASTRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Calling Phone #

03/14/05