


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90403 040 ***150.00

| | | |
|-------------------------------------|--|---|
| DOCUMENT # P00000046423 | |  |
| 1. Entity Name H.L.J., JR. CORP. | | |

| | |
|---|--|
| Principal Place of Business 8440 US 1 UNIT 1011 MIAMI, FL 33143 | Mailing Address 15920 SW 144TH COURT MIAMI, FL 33177 |
|---|--|

400000000



| | |
|---|---------------------|
| 2. Principal Place of Business - No P.O. Box # 15920 SW 144 CT | 3. Mailing Address |
| Suite, Apt. #, etc. ★ | Suite, Apt. #, etc. |

04272007 Chg-P CR2E034 (12/06)

| | |
|---------------------------------|----------------|
| City & State MIAMI, FL MIAMI | City & State |
| Zip 33143 | Country USA |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1006688 | 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 | |
| SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

| | |
|---|------------|
| 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 _____ | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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 |
|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| PSTD JACKSON, HORACE L JR 8440 US 1, UNIT 1011 MIAMI, FL 33143 | |
| 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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 or without like empowered.

| | | |
|---|---------------|-------------------------------|
| SIGNATURE: _____ | DATE: 4/27/07 | DAYTIME PHONE #: 305 710-0885 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |