

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000046598

1. Entity Name
JLJ, INC.



Principal Place of Business
**1060 HOLLAND DRIVE
SUITE 3C
BOCA RATON, FL 33487**

Mailing Address
**1060 HOLLAND DRIVE
SUITE 3C
BOCA RATON, FL 33487**



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1014706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACEIRA, JOSEPH
1060 HOLLAND DRIVE
SUITE 3C
BOCA RATON, FL 33487**

**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

Joseph Maceira
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000060663
02/23/04-80047-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDMAN, LANE 1060 HOLLAND DRIVE SUITE 3C BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOOD, JEFFREY 1060 HOLLAND DRIVE SUITE 3C BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACEIRA, JOSEPH 1060 HOLLAND DRIVE SUITE 3C BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEBINZAH, JAMES E 1060 HOLLAND DRIVE SUITE 3C BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Maceira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03
DATE

561-241-2722
Daytime Phone #