2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060088

FILED _Jan 28, 2005 08:00 AM Secretary of State

1. Entity Nam LSBJ CO	RPORATION				·
Principal Plac 3747 N.W. 5 MIAMI, FL 3	2ND STREET	Mailing Address 3747 N.W. 52ND STREET MIAMI, FL 33142	· 		
_			·	01212005 No Chg-P	CR2E034 (10/03)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-1028348	Applied For Not Applicable
				5. Certificate of Status Desire	ed S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			
MATTER, LINDA 3747 N.W. 52ND STREET MIAMI, FL 33142			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for thions of registered agent.	e purpose of changing its registe	red office or registe	red agent, or both, in the State of	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	lite il applicable. (NOTE, Registe	red Agent signature require	d when reinstating)	DATE TO THE TOTAL OF
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina	ancing \$5	.00 May Be led to Fees	
10.	OFFICERS AND DIF	RECTORS		: - = <u>-</u> -tma	000200983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MATTER, LINDA 3747 N.W. 52ND STREET MIAMI, FL 33142			01/28/	000200983 05-80050-012 150.00
NAME STREET ADDRESS GITY-ST-ZIP					•

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filting 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 cath; that I am an officer or director of the corporation or the receiver or intustee 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 21 other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

INDA MATTER

195/05

38-632-64

Daytime Phone #