

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000064959	
1. Entity Name LJ'S TOPS & BOTTOMS, INC.	



05 AUG 23 PM 9:49

Principal Place of Business 3050 SW 14 PL #11 BOYNTON BEACH, FL 33426	Mailing Address 3050 SW 14 PL #11 BOYNTON BEACH, FL 33426
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07272005 Chg-P CR2E034 (10/03) 05

4. FEI Number 65-1061410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GART, DAVID A 250 AUSTRALIAN AVE S, STE 500 W PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 200 E. Broward Blvd., Suite 2100(JMG) Fort Lauderdale FL 33301	
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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 <i>Felicia Hickey</i> Signature, typed or printed name of registered agent and title if applicable.	Felicia Hickey Asst. Secretary of Corporation Company of Miami	DATE 8-19-05
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALICKI, LAWRENCE A 3050 SW 14 PL #11 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000059177290 08/31/05--01036--001 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALICKI, JUDY K 3050 DSW 14 PL #11 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>[Signature]</i> Signature and typed or printed name of signing officer or director	Date 8/19/05	Daytime Phone #
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