


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 017 ***150.00

DOCUMENT # P00000081782 1. Entity Name J L CONSULTING GROUP, INC.					
Principal Place of Business 9700 SOUTH DIXIE HWY SUITE 1030 MIAMI, FL 33156			Mailing Address 9700 SOUTH DIXIE HWY SUITE 1030 MIAMI, FL 33156		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1034797	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANNERS, PATRICIA M 9700 SOUTH DIXIE HWY SUITE 1030 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Myron M. Samole, Esq. Street Address (P.O. Box Number is Not Acceptable) 9700 South Dixie Hwy. Suite 1030 City Miami FL Zip Code 33156	
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>Myron M. Samole</i> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>				DATE 04-01-2004	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANNERS, PATRICIA M 9700 SOUTH DIXIE HWY SUITE 1030 MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Lanners, James J. 9700 South Dixie Hwy Suite 1030 Miami FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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>Patricia M Lanners</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Patricia M. Lanners				Date 04-01-2004 Daytime Phone # 305-670-5070	