



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000083783</b> 1. Entity Name J.L.S. OF FLORIDA CITY, INC.		
Principal Place of Business 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480	Mailing Address 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  EVANS, LESLIE ROBERT 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, LESLIE ROBERT 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOAN, JOSEPH 2801 FLORIDA AVENUE SUITE 14 COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1044252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000013190  
01/26/04-80044-001 150.00

**DO NOT WRITE  
IN THIS SPACE**