## **2008 FOR PROFIT CORPORATION**

Apr 17, 2008 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P02000012602 1. Entity Name LSJ CORP. Mailing Address Principal Place of Business 2301 N. 21 AVENUE 2301 N. 21 AVENUE HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 No Chg-P 04112008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0621774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARTZ, CARL I DO NOT WRITE 2301 N. 21 AVENUE HOLLYWOOD, FL 33020 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SCHWARTZ, CARL I NAME STREET ADDRESS 2301 N 21 AVE CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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, whit all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**