2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Secretary of State **DOCUMENT # P02000065725** 02-19-2004 90018 024 ***150.00 1. Entity Name JL GROUP CORP Principal Place of Business Mailing Address 54008627 1290 WESTON ROAD STE 306 1290 WESTON ROAD STE 306 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33-1008894 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GBS CONSULTANTS** Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON RD STE 306 WESTON, FL 33326 5 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Deleado, Jose A. Ste 306 DPT TITLE TITLE Delete NAME PABON, JOSE D NAME STREET ADDRESS STREET ADDRESS 1290 WESTON ROAD STE 306 CITY-ST-ZIP WESTON, FL 33326 CITY-ST-7IP DVS Costoneda, Seones TITLE ☐ Addition TILE ☐ Delete MARTINEZ, LEONOR C NAME NAME 1290 WESTON PD. STE 306 1290 WESTON ROAD STE 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33326 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE TITLE ☐ Deléte ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 additions, with all other life empowered.

OFFICER OR DIRECTOR

FILED Feb 19, 2004 8:00 am