


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 007 ***150.00

DOCUMENT # P02000102116 1. Entity Name J & L GENERAL SOLUTIONS, INC.					
Principal Place of Business 9022 SW 123RD CT BLDG 0 APT 310 MIAMI, FL 33186			Mailing Address 9022 SW 123RD CT BLDG 0 APT 310 MIAMI, FL 33186		
2. Principal Place of Business 8750 NW 036 ST			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State		
Zip 331		Country		Zip 	
Country		Country		4. FEI Number 51-0427592	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SANGINES, REYNALDO 10629 HAMMOCKS BLVD., #617 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name SANGINES, REYNALDO Street Address (P.O. Box Number is Not Acceptable) 9022 SW 123RD CT. BLDG 0 APT. 310 City MIAMI, FL Zip Code 33186	
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>R. Sangines</i> DATE 04/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 SANGINES, REYNALDO 10629 HAMMOCKS BLVD., #617 MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANGINES REYNALDO 9022 SW 123RD CT. BLDG 0 APT. 310 MIAMI, FL. 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAZ SANGINES, MARIA 10629 HAMMOCKS BLVD., #617 MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAZ SANGINES, MARIA 9022 SW 123RD CT. BLDG 0 APT. 310 MIAMI, FL. 33186	<input checked="" 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	VD ANDREA SANGINES 9022 SW 123RD CT. BLDG 0 APT 310 MIAMI, FL. 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNALDO SANGINES URIARTE 9022 SW 123RD CT. BLDG 0 APT. 310	<input type="checkbox"/> Change <input checked="" 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>R. Sangines</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/09/05 (305) 596-7293 <small>Date Daytime Phone #</small>		

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04292005 Chg-P CR2E034 (10/03)