


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102116 1. Entity Name J & L GENERAL SOLUTIONS, INC.	
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Principal Place of Business 8750 NW 36 ST BLDG 0 APT 310 MIAMI, FL 33186	Mailing Address 9022 SW 123RD CT BLDG 0 APT 310 MIAMI, FL 33186
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0427592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANGINES, REYNALDO 9022 SW 123RD CT BLDG 0 APT 310 MIAMI, FL 33186
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**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000554364 05/15/06-80087-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANGINES, REYNALDO 9022 SW 123RD CT, BLDG 0 APT 310 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAZ SANGINES, MARIA 9022 SW 123RD CT, BLDG 0 APT 310 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANGINES, ANDREA 9022 SW 123RD CT, BLDG 0 APT 310 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VRIANTE, REYNNDOS 9022 SW 123RD CT, BLDG 0 APT 310 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X/Sangines Director 4/28/06 766 344 1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #