2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90830 026 ***158.75

DOCUMENT # P02000103764

1. Entity Name
J.L.J.A. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
209 PONCE DE LEON ROYAL PALM BCH, FL 33411	209 PONCE DE LEON ROYAL PALM BCH, FL 33411

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
139 Sparrow Dr.	
Suite, Apt. #, etc.: Apt. 5 B	Suite, Apt. #, etc.:
City & State: Royal Palm Bch, Fl	City & State:
Zip: 33411 Country: Palm Bch	Zip: Country:

4. FEI Number: 54-2076644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, ALAN 209 PONCE DE LEON ROYAL PALM BCH, FL 33411	Name: Street Address (P.O. Box Number is Not Acceptable): 139 Sparrow Dr Apt 5 B City: Royal Palm Bch FL Zip Code: 33411

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	Clark, Alan
NAME	CLARK, ALAN ☐ Delete	NAME	139 Sparrow Dr. Apt. 5 B ☒ Change ☐ Addition
STREET ADDRESS	209 PONCE DE LEON	STREET ADDRESS	Royal Palm Bch, Fl 33411
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #