

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000105693

1. Entity Name
LJM OF THE PALM BEACHES, INC.



Principal Place of Business
500 VILLAGE GREEN CIR
LAKE WORTH, FL 33461

Mailing Address
500 VILLAGE GREEN CIR
LAKE WORTH, FL 33461



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2378298

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIRABITO, LILLIAN J
500 VILLAGE GREEN CIR D214
LAKE WORTH, FL 33461

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000195111
01/26/05-80015-013 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME MIRABITO, LILLIAN J
STREET ADDRESS 500 VILLAGE GREEN CIR D-214
CITY - ST - ZIP LAKE WORTH, FL 33461

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

Lillian J. Mirabito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIAN J. MIRABITO 1/21/05 561-601-7195
Date Daytime Phone #