


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000112855

1. Entity Name
 L JAY'S ENTERPRISES, INC.



Principal Place of Business: 9808 NW 42 COURT, SUNRISE, FL 33351 US

Mailing Address: 9808 NW 42 COURT, SUNRISE, FL 33351 US

2. Principal Place of Business: Suite, Apt. #, etc.


3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____



08122005 Chg-P CR2E034 (10/03)

4. FEI Number: 41-2064040 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

MATIAS, LANCE
 9808 NW 42 COURT
 SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL 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 the obligations of registered agent.

SIGNATURE: *Lance J Matias* DATE: *8/17/05*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D,P	<input type="checkbox"/> Delete
NAME	MATIAS, LANCE	
STREET ADDRESS	9808 NW 42 COURT	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MATIAS, LANCE	
STREET ADDRESS	9808 NW 42 COURT	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000376731	
CITY - ST - ZIP	08/19/05-80003-023 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: *Lance J Matias* *Lance J Matias* DATE: *8/17/05* (954) 570-0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #