03/31/2005 16:01 FAX 3056252591 Sandra Schultz

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90056 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004875

1. Entity Name
JL SERVICES INTERNATIONAL, INC.

Principal Place of Business
7805 CAMINO REAL BLDG H-301
MIAMI, FL 33143

Mailing Address
7805 CAMINO REAL BLDG H-301
MIAMI, FL 33143

JUUJ4U0J

03272005 Chg-P CR2E03 (10/03)

2. Principal Place of Business: 8745 SW 113 CT
Suite, Apt. #, etc.
City & State: Miami, Fl
Zip: 33173 Country

3. Mailing Address: 8745 SW 113 ct
Suite, Apt. #, etc.
City & State: Miami, Fl
Zip: 33173 Country

4. FEI Number: 03-0509704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KALKAS, MARTTI
245 SE 1ST STREET
SUITE 311
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Jose Luiz Pereira
Street Address (P.O. Box Number is Not Acceptable): 8745 SW 113 ct
City: Miami FL Zip Code: 33173

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] PD 4/1/05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREIRA, JOSE LUIZ 7805 CAMINO REAL BLVD - H 301 MIAMI, FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Pereira Jose Luiz 8745 SW 113 CT Miami, Fl 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #