2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 09, 2007 08:00 AM **DOCUMENT # P03000009525 Secretary of State** J & L USA ENTERPRISES, CORP. Principal Place of Business Mailing Address 318 INDIAN TRACE #177 318 INDIAN TRACE #177 WESTON, FL 33326 WESTON, FL 33326 No Chg-P 02072007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1675279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO DO NOT WRITE **318 INDIAN TRACE #177** WESTON, FL 33326 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 U00000629847 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 02/19/07-80017-018 150.00 OFFICERS AND DIRECTORS 10. PSTD TITLE HERNANDEZ, PEDRO NAME 318 INDIAN TRACE #177 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 par my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an CAREGOIZIO NOGICEA

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF

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