

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90148 011 ***150.00

DOCUMENT # P03000028451

1. Entity Name
J & L INVESTMENT TEAM, INC.



Principal Place of Business
**12179 S. APOPKA VINELAND RD.
SUITE 321
ORLANDO, FL 32836**

Mailing Address
**12179 S. APOPKA VINELAND RD.
SUITE 321
ORLANDO, FL 32836**

20057640



2. Principal Place of Business
5334 Central FL Hwy
Suite, Apt. #, etc.
Suite 107 Orlando FL
City & State
32821
Zip
32821 Country
US

3. Mailing Address
5334 Central FL Hwy
Suite, Apt. #, etc.
Suite 107
City & State
Orlando Florida
Zip
32821 Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2329455 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JEAN, XONIA
12179 S. APOPKA VINELAND RD.
SUITE 321
ORLANDO, FL 32836

7. Name and Address of New Registered Agent
Name
Jean Xonia
Street Address (P.O. Box Number is Not Acceptable)
5334 Central FL Hwy - Suite 107
Orlando
City
Orlando FL Zip Code
32821

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN, XONIA 12179 S. APOPKA VINELAND RD., STE. 321 ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARCALA, JULIO C JR. 12179 S. APOPKA VINELAND RD., STE. 321 ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05
Date

Daytime Phone #