2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING

FICER OR DIRECTOR

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000103983 1. Entity Name 04-29-2004 90274 043 ***150.00 LJC MARKETING, INC. Principal Place of Business Mailing Address 62 BAY HARBOR BOULEVARD **62 BAY HARBOR BOULEVARD** BRICK, NJ 08723 US BRICK, NJ 08723 US 2. Principal Place of Business 1313 W. BOYNTON BEACH BLVD 3. Mailing Address 1313 W. BOYNTON BEACH BLVD. Suite, Apt. #, etc. SUITE R-13 Suite, Apt. #, etc. 04212004 Chg-P CR2E034 (10/03) SUITE R-13 City & State City & State 4. FEI Number Applied For BOYNTON BEACH. BOYNTON BEACH, 20-0283525 Not Applicable FL ^{Zip} 33426 Zip 33426 \$8.75 Additional 5. Certificate of Status Desired ÜŚA USÁ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GELCH TAYLOR HODKIN KOPELOWITZ & OSTROW Street Address (P.O. Box Number is Not Acceptable) ¥350 E. LAS OLAS BOULEVARD **SUITE 1440** FORT LAUDERDALE, FL 33301 City Zip Code By The above na 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 ing obligations o ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete X Change TITLE TITLE Addition CIFFRODELLA, JOSEPH NAME NAME 1313 W. BOYNTON BEACH BLVD. STREET ADDRESS 62 BAY HARBOR BLVD. STREET ADDRESS CITY-ST-ZIP BRICK, NJ 08723 CITY-ST-ZIP BOYNTON BEACH. 33426 VΡ ☐ Delete ☐ Change TITLE NAME LYNN, GABAY NAME 1313 W. BOYNTON BEACH BLVD. R-1362 BAY HARBOR BLVD. STREET ADDRESS STREET ADDRESS BOYNTON BEACH. 33426 CITY-ST-7IP BRICK, NJ 08723 CITY-ST-ZIP JITLE ☐ Delete> ---TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 of trastee 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 laddless, with all other the empowered.

FILED

Daytime Phone #