

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000109027

1. Entity Name
J L MECHANICAL, INC.



Principal Place of Business
**9292 CHELSEA DR SOUTH
 PLANTATION, FL 33321**

Mailing Address
**9292 CHELSEA DR SOUTH
 PLANTATION, FL 33321**

DO NOT WRITE IN THIS SPACE



07152005 No Chg-P CR2E034 (10/03)

4. FEI Number
35-2214784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LITVIN, JAMES B
 9292 CHELSEA DR SOUTH
 PLANTATION, FL 33321**

DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **07/18/05-80008-001 150.00**

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

**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

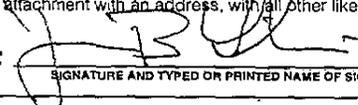
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LITVIN, JAMES B 9292 CHELSEA DR SO PLANTATION, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MENDOZA PINZON, ALEXANDER 10760 NW 40 ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: **7/15/05** DAYTIME PHONE: **954-448-0639**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR