

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90089 033 ***150.00

DOCUMENT # P04000014461

1. Entity Name
LIJU ENTERPRISE CORP



Principal Place of Business

9745 SUNSET DR.
SUITE 201
MIAMI, FL 33173-4649

Mailing Address

9745 SUNSET DR.
SUITE 201
MIAMI, FL 33173-4649

2. Principal Place of Business

7527 W OAKLAND PK BLVD

Suite, Apt. #, etc.

3. Mailing Address

7527 W OAKLAND PK BLVD

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip
33319

Country
USA

City & State

Lauderhill, FL

Zip
33319

Country
USA

01102006

Chg-P

CR2E034 (11/05)

4. FEI Number
34-1976104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENA, JUAN J
7527 W OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2006 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
PENA, JUAN J
7527 W OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PENA, JUAN L
7527 W OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PENA, LISSETTE
7527 W OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan J Pena
President

1/12/06

954-741-7701

Daytime Phone #