

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000014461					
1. Entity Name LIJU ENTERPRISE CORP					
Principal Place of Business 7527 W. OAKLAND PK BLVD. FORT LAUDERDALE, FL 33319			Mailing Address 7527 W. OAKLAND PK BLVD. FORT LAUDERDALE, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-1976104	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENA, JUAN J 7527 W OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33319			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME PENA, JUAN J		<input type="checkbox"/> Delete		
STREET ADDRESS 7527 W OAKLAND PARK BLVD.	CITY - ST - ZIP FT. LAUDERDALE, FL 33319		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME PENA, JUAN L		<input type="checkbox"/> Delete		
STREET ADDRESS 7527 W OAKLAND PARK BLVD.	CITY - ST - ZIP FT. LAUDERDALE, FL 33319		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD	NAME PENA, LISSETTE		<input type="checkbox"/> Delete		
STREET ADDRESS 7527 W OAKLAND PARK BLVD.	CITY - ST - ZIP FT. LAUDERDALE, FL 33319		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY - ST - ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY - ST - ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/4/08 Daytime Phone #: 954 741-7701		