## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 26, 2007 8:00 am Secretary of State DOCUMENT # P05000061845 1. Entity Name 02-26-2007 90075 003 \*\*\*158.75 JLP CONSULTANTS, INC. Principal Place of Business Mailing Address 2451 SW 68 AVE MIRAMAR FL 33023 2451 SW 68 AVE MIRAMAR FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12212 Hagan Cruck DrW 2212 Hagan Creek Dr W Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) JUCKSON VILLA 4. FEI Number Applied For 20-2701152 eacksonuille Not Applicable 32218 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ-PEREZ, JENNIFER JLP CONSULTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) 12212 HAGAN CREEK DRIVE WEST JACKSONVILLE FL 32218 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 FILE NOW!!! FEE IS \$150.00 9. Efection Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Perez Junior Concerdo Change ☐ Delete IIILE HBE PEREZ, JUNIOR L NAME NAME 12212 Hagan Creck Dr West 2451 SW 68 AVE Jacksonitle ife 32218 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-SI-7IE CITY-ST-7IP D Perez Jennifer Gonzalez TITLE Delete TITLE ☐ Addition PEREZ, JENNIFER G 12212 Hagan Cruik Dr W NAME NAME 6970 SCOTT ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-SI-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY\_ST\_ZIP 037 OF 22 HILE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 ompowered 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.

FILED