2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 30, 2006 8:00 am Secretary of State DOCUMENT # P05000064476 04-28-2006 90169 011 ***150 00 J&L IMPORT/EXPORT, INC. Principal Place of Business Mailing Address 3500 N. STATE ROAD 7 3500 N. STATE ROAD 7 **SUITE 201 DOOR 3 SUITE 201 DOOR 3** LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAINE, JEANTY Street Address (P.O. Box Number is Not Acceptable) 824 ILENE ROAD E. WEST PALM BEACH, FL 33415 City 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 red agent end tife é 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 COOKDINATOR, OFFICEN PCEO Delete TITLE BILE Change Addition FLORE EUSTACHEI NAME LAINE, JEANTY NAME BRY ILENE AT EAST STREET ADDRESS 3500 N. STATE ROAD 7 STREET ADDRESS NEST PALM BEACH, FL 33415 CITY-ST-ZIF LAUDERDALE LAKES, FL 33319 CITY-ST-7IP D Delete TITLE Change ☐ Addition PRUDHOMME, ANELA NAME NAME STREET ADDRESS 521 N.E. 57TH COURT STREET ADDRESS FORT LAUDERDALE, FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE THILE ☐ Delete ☐ Change Addition HALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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

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