

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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

03-27-2006 90284 001 *****8.75
03-27-2006 90284 002 ***150.00

66007061



01262006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000135354	
1. Entity Name L.J. OFFICE FURNITURE INSTALLERS INC.	

Principal Place of Business 2301 NW 33ED CT 110 POMPANO, FL 33069	Mailing Address 2301 NW 33ED CT 110 POMPANO, FL 33069
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2. Principal Place of Business	3. Mailing Address <i>5075 N.W. 36 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>A313</i>
City & State	City & State <i>Lauderdale Lakes, FL</i>
Zip	Zip <i>33319</i>
Country	Country <i>Broward</i>

4. FEI Number <i>65-1262653</i>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, LARRY 5075 NW 36TH ST A-313 LAUDERDALE LAKE, FL 33319	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACKSON, LARRY 5075 NW 36TH ST LAUDERDALE LAKE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME 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: *Larry Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/03
Date

Daytime Phone #



ATTACHMENT

66007061

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2006

L.J. OFFICE FURNITURE INSTALLERS INC.
5075 NW 36TH ST.
SUITE A313
LAUDERDALE LAKES, FL 33319

SUBJECT: L.J. OFFICE FURNITURE INSTALLERS INC.
Ref. Number: P05000135354

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 706A00010972