

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (A)**

DOCUMENT # P06000101250

1. Entity Name
L & J PARTNERS, INC.



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**FILED
Jun 28, 2007 8:00 am
Secretary of State**

05-16-2007 90025 031 ***150.00



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # 5501 WILLIAM GRANT WAY		3. Mailing Address 5501 WILLIAM GRANT WAY	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301	
City & State TAMPA, FL		City & State TAMPA, FLORIDA	
Zip 33610	Country USA	Zip 33610	Country USA
6. Name and Address of Current Registered Agent POPEK, LUKASZ 5707 CANDELWICK COURT #F TAMPA FL 33617			
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 fee if applicable. (NOTE: Registered Agent signature is required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-STATE-ZIP	P POPEK, LUKASZ 5707 CANDELWICK COURT #F TAMPA FL 33617	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *LUKASZ POPEK* 04/27/07 321-508-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR