## 2007 FOR PROFIT SCRPORATION ANNUAL REPORT

SIGNATURE:

## Secrétary of State **DOCUMENT # P06000119217** 07-31-2007 90007 032 \*\*\*150.00 1. Entity Name L J INVERSIONES, INC. Principal Place of Business Mailing Address darein-13726 GUILDHALL CIRCLE 13726 GUILDHALL CIRCLE ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07232007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-5614213 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERA, LORI C 13726 GUILDHALL CIRCLE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32828 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE TITLE Change Addition ☐ Delete RIVERA, LORI C NAME NAME 13726 GUILDHALL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7/P ORLANDO, FL 32828 CHTY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change THIF NAME JOHNSON, LATRELL NAME STREET ADDRESS 13726 GUILDHALL CIRCLE STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 poport 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 diviste 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 appress, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 31, 2007 8:00 am