
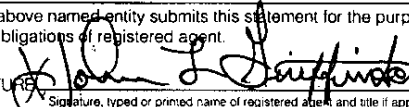
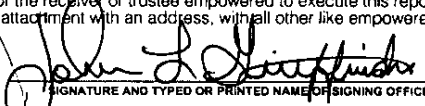


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90059 045 ***150.00

DOCUMENT # P07000015388 1. Entity Name J.L. FINANCIAL SERVICES, INC.																													
Principal Place of Business 5643 NW 39 AVENUE COCONUT CREEK, FL 33073			Mailing Address 5643 NW 39 AVENUE COCONUT CREEK, FL 33073																										
2. Principal Place of Business - No P.O. Box # 2901 W. Cypress Creek Rd Suite, Apt. #, etc. Suite 102 City & State Fort Lauderdale, FL Zip 33309 Country US		3. Mailing Address 2901 W. Cypress Creek Rd Suite, Apt. #, etc. Suite 102 City & State Fort Lauderdale, FL Zip 33309 Country US																											
4. FEI Number 20-8375263				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03092008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent GIUFFRIDA, JOHN L 5643 NW 39 AVENUE COCONUT CREEK, FL 33073			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:  JOHN L. GIUFFRIDA PRESIDENT DATE: 4/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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:  PRESIDENT DATE: 4/2/08 (954) 917-6917 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													