

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091239

Entity Name: J. LINA, INCORPORATED

FILED
Jun 18, 2009
Secretary of State

Current Principal Place of Business:

221 SUNRISE AVENUE
C-1
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

221 SUNRISE AVENUE
C-1
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 26-0717964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARILLA, LINA
221 SUNRISE AVENUE
C-1
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMARILLA, LINA
Address: 5780 FERNLEY DRIVE W. #84
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: RIGONI-SEEWALDT, NILDA
Address: 1531 DREXEL RD., APT. 136
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: RIGONI-QUINTO, TERESA
Address: 2448 HIAWATHA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: RIGONI-SERVIAN, ROSSANA
Address: 1441 ROYAL FOREST CT.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: AMARILLA, JUAN J
Address: 5780 FERNLEY DRIVE W. #84
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: AMARILLA, ADRIANA
Address: 5780 FERNLEY DRIVE W. #84
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA AMARILLA

D

06/18/2009

Electronic Signature of Signing Officer or Director

Date