## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					TILED			
DOCUMENT # P07000134710								
1. Entity Name JL & WL CORPORATION				08 SEP 15 AM 10: 05			i	
4.0				III	ALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					ALLAHA	(55EE, FLORID	Α	
3089 CARYSFORT LANE 3089 CARYSFORT LANE MARGATE, FL 33063 MARGATE, FL 33063								
Principal Place of Business - No P.O. Box #     3. Mailing Address     5301 North State Road 7     5301 North State			oto Pood					
Suite_Apt. #, etc Suite. Apt. #, etc			ate Moad-	07302008	Chg-P	CR2E034 (12/06)		
City & Stat		City & State			er 226757	<del>  -  </del>	oplied For	
Tamara Zip	marac, Fl Tamarac, Fl Country Zip Coi		Country		of Status Desired	□ \$8.75 Add		
33319	USA 6. Name and Address of Current	33310 Registered Agent	US#		Address of New I	Fee Require	ed	
. == =:0:			Name N	Name Ngan Tu Tang				
LEE, DICK R ESQ. 2701 S BAYSHORE DR			Street A	Street Address (P.O. Box Number is Not Acceptable) 5301 North State Roaf 7				
SUITE 605 MIAMI, FL 33133				Joseph Morten State Roat /				
			City Ta	marac		FL Zip Coo		
	named entity submits this statement to		oth, in the State of F					
Noon To Too								
SIGNATURE Ngall 18 1811g Signature. Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating)  DATE								
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing \$5.  Trust Fund Contribution.  Adde					In accordance corporation did	with s. 607.193(2)(b), I not receive the prior	F.S., the notice.	
10.	OFFICERS AND		11.		/CHANGES TO OF	FICERS AND DIRECTOR		
NAME	D TANG, NGAN T	☐ Delete	TITLE NAME	DP		🙀 Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3089 CARYSFORT LANE MARGATE, FL 33063		STREET ADDRESS CITY-ST-ZIP	9.	00136 8/080104	106069 6013 **150	n.on	
TITLE	D	☐ Delete	TITLE	00/1	<u>0,00 010.</u>	☐ Change	Addition	
NAME STREET ADDRESS	LI, JING L 3089 CARYSFORT LANE		NAME STREET ADDRESS					
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	,		<u> </u>		
TITLE NAME		☐ Delete	THTLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				}	
TITLE		☐ Delete	TITLE		·	☐ Change	Addition	
NAME Street Adoress			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
FITLE		☐ Delete	TITLE		,,	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				:	
CITY-ST-ZIP	codification the information of the state of	this fillian done and availed for	CITY-ST-ZIP	antained in Observer	O. Flavida Otto	I husban and the same	infar-ati	
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 suppliemental 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/frustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if								
of the corporation or the receiver or frustee 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: Ngan Tu Tang, President 9368 (994)77.3832								
Offic 1 Deliving Little 1								