

2010 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 13 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000053596

1. Corporation Name
I AND J OF CLEWISTON, INC.

300180843653
05/13/10--01029--012 **150.00

2. Principal Office Address - No P.O. Box #
1137 Harlem Academy Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
1137 Harlem Academy Ave.
Suite, Apt. #, etc.

CR2E081 (4/10)

City & State
Clewiston, FL

City & State
Clewiston, FL

Zip
33440

Country
USA

Zip
33440

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 6/2/2008
5. FEI Number 26-2927128 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Iyad Abdelkarim
Street Address (P.O. Box Number is Not Acceptable)
2310 N. 67 Avenue
Suite, Apt. #, Etc.
City Hollywood State FL Zip Code 33024

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent *Iyad Karim* REGISTERED AGENT MUST SIGN Date _____

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Iyad Abdelkarim	2310 N. 67 Avenue	Hollywood, FL 33024
V	Diana M. Hamad	2911 NW 22nd Avenue	Miami, FL 33142
S	Diana M. Hamad	2911 NW 22nd Avenue	Miami, FL 33142

205/14

10. E-mail Address: _____ (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
SIGNATURE: *Iyad Abdelkarim* Iyad Abdelkarim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____