

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000029803**

1. Entity Name  
**J & L CONSULTING SERVICES, INC.**



Principal Place of Business  
**16040 LOCH KATRINE TRAIL  
 APT 7806  
 DELRAY BEACH, FL 33446 US**

Mailing Address  
**7431-34 W ATLANTIC AVE  
 103  
 DELRAY BEACH, FL 33446 US**

**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0407669**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GROMANN, GLENN E  
 10426 LEXINGTON ESTATES BOULEVARD  
 BOCA RATON, FL 33428**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMPARIELLO, SHEILA
STREET ADDRESS	16040 LOCH KATRINE TRL, UNIT 7806
CITY-ST-ZIP	DELRAY BCH, FL
TITLE	PS
NAME	LAMPARIELLO, LARRY A
STREET ADDRESS	16040 LOCH KATRINE TRL, UNIT 7806
CITY-ST-ZIP	DELRAY BCH, FL
TITLE	VT
NAME	LAMPARIELLO, SCOTT
STREET ADDRESS	7431-34 ATLANTIC AVE, UNIT 104
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/11/06-80010-008 150.00  
 (973)

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: LARRY A. LAMPARIELLO, PRESIDENT FEBRUARY 13, 2006 477-3025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #