## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000029803

Entity Name: J&L CONSULTING SERVICES, INC.

7431-34 ATLANTIC AVE, UNIT 104

DELRAY BEACH, FL 33446

Address: City-St-Zip: FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
APT 7806	CH KATRINE 1				
DELRAY E	BEACH, FL 33	3446 US			
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
7431-34 W 103	/ ATLANTIC A	VE			
	BEACH, FL 33	3446 US			
FEI Number:	: 65-0407669	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			: Name and Address o	Name and Address of New Registered Agent:	
10426 LEX	N, GLENN E (INGTON EST TON, FL 3342	ATES BOULEVARD 28 US			
The above in the State	named entity e of Florida.	submits this statement for t	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAMPARIELLC	ATRINE TRL, UNIT 7806	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAMPARIELLO	CATRINE TRL, UNIT 7806	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VT ( LAMPARIELLO	) Delete ), SCOTT	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LARRY A. LAMPARIELLO PS 03/24/2009