

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000093546	
1. Entity Name F.L.J.S., INC.	

Principal Place of Business 8701 SW 14 STREET PEMBROKE PINES, FL 33025	Mailing Address 8701 SW 14 STREET PEMBROKE PINES, FL 33025
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DO NOT WRITE IN THIS SPACE



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0725389	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBITAILLE, LUCIE 8701 SW 14 STREET PEMBROKE PINES, FL 33025

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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 _____
Signature, typed or printed name of registered agent and date if applicable. (4007). Registered Agent Signature Required when relocating. DATE _____

FILE NOW!!! FEB 15 \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST ROBITAILLE, LUCIE 8701 SW 14 STREET PEMBROKE PINES, FL 33025
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08/02/04-80007-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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: Lucie Robitaille 7/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #