


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90460 026 ***150.00

DOCUMENT # P97000107426 1. Entity Name JL COMMUNICATIONS, INC.																								
Principal Place of Business C/O JANICE SHARON LUSKY 301 ALMERIA AVE., SUITE 350 CORAL GABLES, FL 33134 US		Mailing Address C/O JANICE SHARON LUSKY 301 ALMERIA AVE., SUITE 350 CORAL GABLES, FL 33134 US																						
2. Principal Place of Business 211-50 N.E. 21st PL.		3. Mailing Address Suite, Apt. #, etc.																						
City & State N. Miami BEACH FLA.		City & State FLA.																						
Zip 33179		Country USA																						
4. FEI Number 65-0801324		Applied For Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent LUSKY, JANICE SHARON 301 ALMERIA AVE. SUITE 350 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 211-50 NE 21ST PL. NORTH MIAMI BEACH, FL 33179																						
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: <u><i>Gisela Lusky</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered																								
SIGNATURE: <u><i>Gisela Lusky</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/20/04</u> Daytime Phone #: <u>305-931-1926</u>																						