

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90168 050 ***150.00

DOCUMENT # P98000065310

1. Entity Name
LJS DEVELOPMENT CORPORATION



Principal Place of Business

**8181 NW 36 STREET
SUITE F14
MIAMI, FL 33166**

Mailing Address

**8181 NW 36 STREET
SUITE F14
MIAMI, FL 33166**

2. Principal Place of Business No P.O. Box #

8181 NW 36 St.

3. Mailing Address

8181 NW 36 St.

Suite, Apt. #, etc.

Ste. 17B

Suite, Apt. #, etc.

Ste. 17B

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

U.S.A.

Zip

33166

U.S.A.

04202007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0852366

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOBRADO, LAZARO J
9824 SW 161 AVE
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOBRADO, LAZARO J
8181 NW 36 STREET, SUITE F14
MIAMI, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Sobrado, Lazaro J
8181 NW 36 St. Ste. 17B
Miami, FL 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 - (305) 592-5130

Date

Daytime Phone #