

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S98501

1. Entity Name
WJL FINANCIAL GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 PM 2:12

Principal Place of Business
7801 SW 6TH COURT
FORT LAUDERDALE, FL 33324 US

Mailing Address
7801 SW 6TH COURT
FORT LAUDERDALE, FL 33324 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0301118

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A.
7805 SW 6 COURT
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
PTD
LEON, WILLIAM
P.O. BOX 450057 N/A
SUNRISE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LEON, JANICE
P.O. BOX 450057 N/A
SUNRISE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100048297911
03/14/05--01055--001 **213.75

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. LEON

Date

Daytime Phone #

954-424-3008