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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90967 040 ***150.00

40076061

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65565

1. Entity Name
J & L'S WICKER STORE, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3351 N FEDERAL HWY	3351 N FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number: 65-0322311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ACOSTA GERARDO

Street Address (P.O. Box Number is Not Acceptable): 3351 N FEDERAL HWY

City: DELRAY BEACH FL Zip Code: 33483

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 amending) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P S T	TITLE:
NAME: ACOSTA, GERARDO	NAME:
STREET ADDRESS: 3351 N FEDERAL HWY	STREET ADDRESS:
CITY-ST-ZIP: DELRAY BEACH FL 33483	CITY-ST-ZIP:
TITLE: V	TITLE:
NAME: ACOSTA LINDA	NAME:
STREET ADDRESS: 3351 N FEDERAL HWY	STREET ADDRESS:
CITY-ST-ZIP: DELRAY BEACH FL 33483	CITY-ST-ZIP:
TITLE	TITLE
NAME	NAME
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CR2E0343 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Gerardo Acosta — Gerardo Acosta — President — 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date