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Apr 28, 2006 08:00 AM
Secretary of State

2006 **FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V65565		
1. Entity Name J & L'S WICKER STORE, INC.		
Principal Place of Business 3351 N FEDERAL HWY DELRAY BEACH, FL 33483 US		Mailing Address 3351 N FEDERAL HWY DELRAY BEACH, FL 33483 US
DO NOT WRITE IN THIS SPACE		
		 04262006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0362311 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ACOSTA, GERARDO 4807 NORTH LEE RD DELRAY BEACH, FL 33445		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UD00000541381 05/10/06-80057-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ACOSTA, GERARDO 3351 N FEDERAL HWY DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ACOSTA, LINDA 3351 N FEDERAL HWY DELRAY BEACH, FL 33483	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Gerardo Acosta</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/26/06</u> Date <u>732-561-4389</u> Office Phone #