


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90044 015 ***150.00

DOCUMENT # P99000006860

1. Entity Name
L&J EQUIPMENT, INC.



Principal Place of Business
**11900 BISCAYNE BLVD
 SUITE 806
 NORTH MIAMI, FL 33181**

Mailing Address
**11900 BISCAYNE BLVD
 SUITE 806
 NORTH MIAMI, FL 33181**

2. Principal Place of Business
1944 SW 105 Ave.

3. Mailing Address
1944 SW 105 Ave.


Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip
33328

Country
US



02022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**GREENFIELD, JOHN
 11900 BISCAYNE BLVD
 SUITE 806
 NORTH MIAMI, FL 33181**

4. FEI Number
91-1952214

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
John Greenfield

Street Address (P.O. Box Number is Not Acceptable)
**11900 Biscayne Blvd
 Suite 612**

City
N. Miami

FL Zip Code
33181

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 *John Greenfield* **John Greenfield** **2/14/05**

(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 PD	<input type="checkbox"/> Delete
NAME GREENFIELD, LOUIS	
STREET ADDRESS 11900 BISCAYNE BLVD, SUITE 806	
CITY-ST-ZIP NORTH MIAMI, FL 33181	
TITLE STD	<input type="checkbox"/> Delete
NAME GREENFIELD, JOHN	
STREET ADDRESS 11900 BISCAYNE BLVD, SUITE 806	
CITY-ST-ZIP NORTH MIAMI, FL 33181	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Louis Greenfield	
STREET ADDRESS 1944 SW 105 Ave	
CITY-ST-ZIP Davie, FL 33328	
TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John Greenfield	
STREET ADDRESS 11900 Biscayne Blvd Suite 612	
CITY-ST-ZIP N Miami FL 33181	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *John Greenfield* **John Greenfield** **2/14/05** **954 2947054**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #