

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97063

Entity Name: L & J SALOVIN, INC.

FILED  
Feb 26, 2009  
Secretary of State

**Current Principal Place of Business:**

231 MAPLECREST CIR  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

L&J INSURANCE  
PO BOX 1070  
JUPITER, FL 334681070 US

**New Mailing Address:**

FEI Number: 65-0128580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALOVIN, LAWRENCE M  
231 MAPLECREST CIRCLE  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

SALOVIN, LAWRENCE M  
231 MAPLECREST CIRCLE  
JUPITER, FL 33458 US

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.

SIGNATURE: LAWRENCE M. SALOVIN

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: SALOVIN, LAWRENCE M.,  
Address: 231 MAPLECREST CIR.  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M. SALOVIN

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date