

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073825

Entity Name: I & J INVESTMENTS, LLC

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1432 NE 163 ST.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ORLOWSKY CPA 800 WEST AVE  
SUITE C-1  
MIAMI BEACH, FL 33139

**New Mailing Address:**

C/O ORLOWSKY CPA 4014 CHASE AVE  
SUITE 214  
MIAMI BEACH, FL 33140

FEI Number: 20-1875758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALLAK, DANIEL  
4775 COLLINS AVE. UNIT 1106  
MIAMI BEACH, FL 33140 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HALLAK, DANIEL  
Address: 4775 COLLINS AVE. UNIT 1106  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: GONEN, ZACHI  
Address: 4775 COLLINS AVE. UNIT 1106  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES ORLOWSKY CPA

CPA

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date