## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000052962

Entity Name: L & J UNITED, INC.

**FILED** Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

6111 BROKEN SOUND PKWY NW STE 350 6111 BROKEN SOUND PKWY NW BOCA RATON, FL 33487

SUITE 350

BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

6111 BROKEN SOUND PKWY NW STE 350 6111 BROKEN SOUND PKWY NW BOCA RATON, FL 33487

SUITE 350

BOCA RATON, FL 33487

FEI Number: 65-1012194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CROWE, MELISSA CROWE, MELISSA

6111 BROKEN SOUND PKWY NW 6111 BROKEN SOUND PKWY NW STE 350

BOCA RATON, FL 33487 SUITE 350

BOCA RATON, FL 33487 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: MELISSA CROWE 04/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition

SCHMIER, JEFFREY Name: Name: 6111 BROKEN SOUND PKWY NW, SUITE 350 Address: Address: City-St-Zip:

City-St-Zip: BOCA RATON, FL 33487

Title: Title: () Delete (X) Change ( ) Addition

Name: CROWE, MELISSA Name: CROWE, MELISSA

6111 BROKEN SOUND PKWY W, SUITE 350 Address: 6111 BROKEN SOUND PKWY NW, SUITE 350 Address:

City-St-Zip: BOCA RATON, FL 33487 BOCA RATON, FL 33487 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: JEFFREY SCHMIER **PRES** 04/23/2009