

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071945

Entity Name: J & L INSURANCE, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

1881 NE 26TH ST
SUITE 80
FORT LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1881 NE 26TH ST
SUITE 80
FORT LAUDERDALE, FL 33305 US

New Mailing Address:

FEI Number: 20-0074662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIALEK, LAWRENCE D
647 N.E. 16TH TERRACE
FORT LAUDERDALE, FL 33304 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SULLIVAN, JAMES A JR.
Address: 647 N.E. 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: TREA () Delete
Name: BIALEK, LAWRENCE D
Address: 647 N.E. 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 D BIALEK

TREA

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date