## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000090459

Entity Name: E & J OF SOUTH FLORIDA INC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9369 SHERIDAN STREET SUITE 903 COOPER CITY, FL 33024

Current Mailing Address: New Mailing Address:

9369 SHERIDAN STREET SUITE 903 COOPER CITY, FL 33024

FEI Number: 20-5200519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAHLAWAN, JINANE AZRIKAN, LYNDA

9369 SHERIDAN STREET SUITE 903 COOPER CITY, FL 33024 US 9369 SHÉRIDAN STREET SUITE 903 COOPER CITY, FL 33024 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: LYNDA AZRIKAN 04/06/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BAHLAWAN, JINANE
 Name:
 AZRIKAN, LYNDA

 Address:
 9369 SHERIDAN STREET, SUITE 903
 Address:
 8643 BLAZE COURT

 City-St-Zip:
 COOPER CITY, FL 33024
 City-St-Zip:
 DAVIE, FL 33328

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

 Name:
 BAHLAWAN, JINANE
 Name:

 Address:
 9369 SHERIDAN ST., SUITE 903
 Address:

 City-St-Zip:
 COOPER CITY, FL 33024
 City-St-Zip:

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

 Name:
 BAHLAWAN, JINANE
 Name:

 Address:
 9369 SHERIDAN ST., SUITE 903
 Address:

 City-St-Zip:
 COOPER CITY, FL 33024
 City-St-Zip:

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

 Name:
 AZRIKAN, LYNDA
 Name:

 Address:
 8643 BLAZE COURT
 Address:

 City-St-Zip:
 DAVIE, FL 33328
 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: AZRIKAN, LYNDA DIR 04/06/2009