## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000084356

City-St-Zip:

TAMPA, FL 33634

Entity Name: J & L GREEN LIGHT INSURANCE INC

FILED Feb 16, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
13701 N N STE 108 TAMPA, F	EBRASKA AVE L 33613	Ē		13701 N N STE 106 TAMPA, FI	EBRASKA A' _ 33613	VE
Current Mailing Address:				New Mailing Address:		
13701 N N STE 108 TAMPA, F	EBRASKA AVE L 33613	≣		13701 N N STE 106 TAMPA, FI	EBRASKA A' _ 33613	VE
FEI Number:	: 26-0604785	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
TAMPA, F	KOOT AVE L 33617 US		purpose c	of changing i	ts registered	office or registered agent, or both,
SIGNATU						
	mpaign Financing	ic Signature of Registered A	gent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ARENAS, MIREI 5012 CHILKOO TAMPA, FL 336	T AVE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address:	D () JIMENEZ, HARL 4522 BRAY RD	Delete .IZ		Title: Name: Address:	JIMENEZ, HA	X) Change()Addition RLIZ RASKA AVE STE 106

City-St-Zip: TAMPA, FL 33613

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: MIRELIA ARENAS D 02/16/2009