

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088435

Entity Name: LL & J INSURANCE CORP

FILED
Feb 28, 2009
Secretary of State

Current Principal Place of Business:

4500 N HIATUS RD, STE 203
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4500 N HIATUS RD, STE 203
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-3461265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAY, RICKY D
19 WEST FLAGLER STREET
SUITE 707
MIAMI, FL 33130 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: P () Delete
Name: GALDO, LLAMILIA
Address: 10374 WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: GALDO, JORGE
Address: 10374 WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351

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 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: JORGE GALDO

VP

02/28/2009

Electronic Signature of Signing Officer or Director

Date