

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000036696

1. Entity Name
LJM CORPORATION



Principal Place of Business
**2297 S.W. 15TH PLACE
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**2297 S.W. 15TH PLACE
DEERFIELD BEACH, FL 33442 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0746611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRANTALIS, DEAN J ESQ
2255 WILTON DR.
FORT LAUDERDALE, FL 33305**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LICAMARA, ANTOINETTE
STREET ADDRESS	2297 S.W. 15TH PLACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	DST
NAME	LICAMARA, ANTOINETTE
STREET ADDRESS	2297 S.W. 15TH PLACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MC
NAME	LICAMARA, JOSEPH M
STREET ADDRESS	2297 SW 15TH PL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/06-80005-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M Licamara
JOSEPH M LICAMARA

DATE

4/26/06
4/26/06

Daytime Phone #

561-997-5253
561-997-5253