2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036696

Entity Name: LJM CORPORATION

City-St-Zip:

DEERFIELD BEACH, FL 33442

FILED Mar 24, 2009 Secretary of State

| Current Principal Place of Business: | | | | New Principal Pla | New Principal Place of Business: | | |
|---|---|-------------|----------------------|---|--|--|--|
| | 15TH PLACE LD BEACH, FL | | US | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | 15TH PLACE D BEACH, FL | | US | | | | |
| FEI Number: | : 65-0746611 | FEI Num | ber Applied For() | FEI Number Not Applicable (| Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | | Name and Addres | Name and Address of New Registered Agent: | | |
| 2255 WILT | IS, DEAN J ES ON DR. JDERDALE, F | | US | | | | |
| | named entity of Florida. | submits th | is statement for the | purpose of changing its regist | ered office or registered agent, or both, | | |
| SIGNATUR | RE: | | | | | | |
| Electronic Signature of Registered Agent | | | | gent | Date | | |
| Election Car | npaign Financin | g Trust Fun | d Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PST (LICAMARA, AN 2297 S.W. 15T DEERFIELD B | TH PLACE | 3442 US | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | DST (LICAMARA, AN 2297 S.W. 15T DEERFIELD B | TH PLACE | 3442 US | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: | MC (LICAMARA, JO 2297 SW 15TH | | | Title: Name: Address: | () Change () Addition | | |

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.

City-St-Zip:

SIGNATURE: JOSEPH M. LICAMARA MC 03/24/2009