

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074926

FILED
Mar 24, 2009
Secretary of State

Entity Name: JAMES LLOYD & ASSOCIATES, INC.

Current Principal Place of Business:

1330 OCEAN DRIVE
SUITE 101
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O BOX 403843
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0863461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD, JAMES
4537 SHERIDAN AVENUE
MIAMI BEACH, FL 33140 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: PTD () Delete
Name: LLOYD, JAMES
Address: 4537 SHERIDAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VSD () Delete
Name: LOIACONO, VINCENT
Address: 7550 SW 57 AVE, #211
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: LOIACONO, VINCENT
Address: 7600 SW 57 AVE, #206
City-St-Zip: SOUTH MIAMI, FL 33143

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: JAMES LLOYD

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03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date