

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 640018
 1. Entity Name
A J V CORPORATION



Principal Place of Business
330 S.W. 27TH AVE., STE. 709
MIAMI, FL 33135-2968

Mailing Address
330 S.W. 27TH AVE., STE. 709
MIAMI, FL 33135-2968

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1925857 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BREA, LEANDRO J
330 S.W. 27TH AVE., STE. 709
MIAMI, FL 33135-2968

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAREAGA, ALEJANDRO SIERRA LEONA 364 MEXICO 11000 D.F.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAREAGA, JOSEFINA SIERRA LEONA 364 MEXICO 11000 D.F.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA DE CAREAGA, JOSEFINA SIERRA LEONA 364 MEXICO 11000 DF,
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____