


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90061 008 \*\*\*150.00

**DOCUMENT # F04000006285**

1. Entity Name  
**A.J.I. ENTERPRISE INC.**



Principal Place of Business  
**7156 W. 127TH ST. SUITE 143  
 PALOS HEIGHTS, IL 60463**

Mailing Address  
**24869 QUIXOTE AVE  
 BONITA SPRINGS, FL 34135**

**50062693**



2. Principal Place of Business  
*same*

3. Mailing Address  
*same*

Suite, Apt. #, etc.

07052005 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number  
**36-4430860**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DONOFRIO, DIANE  
 24869 QUIXOTE  
 BONITA SPRINGS, FL 34135**

*Diane Donofrio change NO*

7. Name and Address of New Registered Agent

Name  
**DIANE DONOFRIO**

Street Address (P.O. Box Number is Not Acceptable)  
**24869 Quixote Ave**

City  
**BONITA SPRINGS**

State  
**FL**

Zip Code  
**34135**

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: *Diane Donofrio*

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP <input type="checkbox"/> Delete DONOFRIO, ALEXANDER F 7156 W. 127TH ST. SUITE 143 PALOS HEIGHTS, IL 60463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete DONOFRIO, DIANE 24869 QUIXOTE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diane Donofrio* **DIANE DONOFRIO** <sup>708</sup> **653-1662**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

**A J I. Enterprise Inc** **239-948**