2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

ANNUAL REPURI						
DOCUMENT # P00000 1. Entity Name AJN CONSULTING, INC.)065851					
Principal Place of Business 8217 STEEPLECHASE DR PALM BEACH GARDENS, FL 33418	Mailing Address 8217 STEEPLECHASE DR PALM BEACH GARDENS, FL	33418				



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALUI, GENE 8217 STEEPLECHASE DR PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 17/12 DPST GALUI, GENE STREET ADDRESS CITY-ST-ZIP FULL STREET ADDRESS CITY-ST-ZIP FULL NAME STREET ADDRESS CITY-ST-	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.							
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 17/12 DPST GALUI, GENE S217 STEEPLECHASE DR PALM BEACH GARDENS, FL 33418 17/12 TITLE DV SALUI, JUDITH M 8217 STEEPLECHASE DR PALM BEACH GARDENS, FL 33418 101L NAME STRIET ADDRESS STRETA ADRESS STRETA ADDRESS S	SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) / DATE							
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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 complemental report is true and accurate and that my signature shall have the same legal effect as it made under notice that I am an officer or director.		certify that the information supplied with this ti	ing does not qualify for the exer	notion stated	d in Section 119.07(3)	(ii). Florida Statutes, I (i	urther 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:

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith M. balus 3 24.0

14-05 561-691-905

Daytime Phone #