


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90458 012 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000024751			
1. Entity Name: A.J.O. MARKETING & TRADING, INC.			
Principal Place of Business 5116 NW 113TH PL MIAMI, FL 33178-3536		Mailing Address 5116 NW 113TH PL MIAMI, FL 33178-3536	
2. Principal Place of Business 8311 N.W. 66th ST. Suite, Apt #, etc.		3. Mailing Address 8311 N.W. 66th ST. Suite, Apt #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166		Zip 33166	
Country DADE		Country DADE	
4. FBI Number 13-4244399		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAGANO, LISA 5116 NW 113TH PL MIAMI, FL 33178-3536		7. Name and Address of New Registered Agent Name: A.J.O. MARKETING & TRADING, INC. Street Address (P.O. Box Number is Not Acceptable) 8311 N.W. 66th ST. City: MIAMI FL Zip Code: 33166	
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: Vincent Fragano V.P. DATE: 4/30/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAGANO, LISA 5116 NW 113TH PL MIAMI, FL 331783536	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRAGANO, VINCENT F 5051 COLLINS AVE. APT. 4A MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 file 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: Vincent Fragano V.P.		DATE: 4/30/05	