

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119384

Entity Name: AJS TRANSPORTATION, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

14758 CABLE SHIRE WAY  
KISSIMMEE, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

14758 CABLE SHIRE WAY  
KISSIMMEE, FL 32824

**New Mailing Address:**

FEI Number: 20-5606260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETANCOURT, ALEX  
2821 BERKSHIRE CIRCLE  
KISSIMMEE, FL 34743 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: P ( ) Delete  
Name: BETANCOURT, ALEX  
Address: 2821 BERKSHIRE CIRC.  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete  
Name: RODRIGUEZ, JANET L  
Address: 2821 BERKSHIRE CIRC.  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ALEX BETANCOURT

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date