

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000035931**

1. Entity Name  
**AJB INVESTMENTS, CO.**



Principal Place of Business  
**1401 PONCE DE LEON BLVD  
STE 401  
CORAL GABLES, FL 33134**

Mailing Address  
**1401 PONCE DE LEON BLVD  
STE 401  
MIAMI, FL 33134**



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0749941**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BUCELO, ARMANDO J JR.  
1401 PONCE DE LEON BLVD  
STE 401  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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 6, 2006**

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	D
NAME	BUCELO, ARMANDO J JR
STREET ADDRESS	401 PONCE DE LEON BLVD #401
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565444  
05/31/06-80004-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Armando J. Bucelo Jr.* **5/24/2006** **305  
442-1942**

Date Daytime Phone #