


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90070 014 \*\*\*\*50.00

<b>DOCUMENT # L05000107034</b>					
<b>1. Entity Name</b> AJMT CLEANING, LLC					
<b>Principal Place of Business</b> 8540 SW 133 AVENUE RD. #411 MIAMI, FL 33183			<b>Mailing Address</b> 8540 SW 133 AVENUE RD. #411 MIAMI, FL 33183		
<b>2. Principal Place of Business - No P.O. Box #</b> 15926 SW 66 Terrace Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15926 SW 66 Terrace Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 20-3756377	
<b>Zip</b> 33193		<b>Country</b> Miami-Dade		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARASCANDOLO, JULIAN 8540 SW 133 AVENUE RD. #411 MIAMI, FL 33183			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 15926 SW 66 Terrace City Miami FL Zip Code 33193		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARASCANDOLO, JULIAN 8540 SW 133 AVENUE RD. #411 MIAMI, FL 33183	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZORATTINI, WALTER J 4016 W. 10 COURT HIALEAH, FL 33012	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>			<b>SIGNATURE: X</b>		
Julian Parascandolo			04/25/07 786-277-6004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		