

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000087934

**Entity Name:** AJAD, INC

**Current Principal Place of Business:**

2090 NW 115 STREET  
MIAMI, FL 33167

**Current Mailing Address:**

2090 NW 115 STREET  
MIAMI, FL 33167 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LATTERY, DWAYNE  
2090 NW 115 STREET  
MIAMI, FL 33167 US

*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

**Officer/Director Detail :**

Title P  
Name LATTERY, DWAYNE  
Address 2090 NW 115 STREET  
City-State-Zip: MIAMI FL 33167

Title DIRECTOR  
Name LATTERY, ANGENIKA L  
Address 2090 NW 115 STREET  
City-State-Zip: MIAMI FL 33167

Title ASSISTANT DIRECTOR  
Name LATTERY, JANA E  
Address 2090 NW 115 STREET  
City-State-Zip: MIAMI FL 33167

Title ASSISTANT DIRECTOR  
Name LATTERY, AKILAH  
Address 2090 NW 115 STREET  
City-State-Zip: MIAMI FL 33167

Title ASSISTANT DIRECTOR  
Name LATTERY, D'NYA A  
Address 2090 NW 115 STREET  
City-State-Zip: MIAMI FL 33167

*I hereby 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 all other like empowered.*

**SIGNATURE:** DWAYNE LATTERY

**REGISTER AGENT**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date