2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 231288

1. Entity Name
A.J.C. OF MIAMI, INC.

Principal Place of Business
15 REINA ISABEL, VILLA TORRIMAR
PO BOX 360-151
GUAYNABO, PR 00969 US

Mailing Address
P.O. BOX 192153
SAN JUAN, PR 00919-2153 US

08062004 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
66-0269500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARRIDO, CHARLES H
8569 SW 59 ST
MIAMI, FL 33173

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 _____ DATE

FILE NOW!! FEE IS $550.00
Due by September 8, 2004

9. Florida Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORBAY CERRATO, ANTONIO JR
STREET ADDRESS	60 REINA BEATRIZ VILLA TORRIMAR
CITY-ST-ZIP	GUAYNABO, PR 00969
TITLE	VD
NAME	ORBAY CERRATO, JORGE
STREET ADDRESS	390 CAMPANA AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	STD
NAME	SUAREZ,MARI LUZ
STREET ADDRESS	15 REINA ISABEL, VILLATORRIMAR
CITY-ST-ZIP	GUAYNABO, PR 00969
TITLE	T
NAME	ORBAY CERRATO, LOURDES M
STREET ADDRESS	15 REINA ISABEL, VILLA TORRIMAR
CITY-ST-ZIP	GUAYNABO, PR 00969
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000170275
08/17/04-80001-004 550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information indicated with this filing (and for profit) 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 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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #