2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 231288

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

Principal Place of Business	Mailing Address
15 REINA ISABEL, VILLA TORRIMAR PO BOX 360-151 GUAYNABO, PR 00969 US	P.O. BOX 192153 SAN JUAN, PR 00919-2153 US

07262005 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
9569 SW 59 ST
MIAMI, FL 33173

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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 FSABEL, VILLA TORRIMAR
CITY-ST-ZIP	GUAYNABO, PR 00969
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/05-80014-009 550.00

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12. I hereby certify that the information supplied with this filing does not qualify 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR