


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 231288</b> 1. Entity Name <b>A.J.C. OF MIAMI, INC.</b>	
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Principal Place of Business <b>15 REINA ISABEL, VILLA TORRIMAR PO BOX 360-151 GUAYNABO, PR 00969 US</b>	Mailing Address <b>P.O. BOX 192153 SAN JUAN, PR 00919-2153 US</b>
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>66-0269500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GARRIDO, CHARLES H 9569 SW 59 ST MIAMI, FL 33173</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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  
After May 1, 2006 Fee will be \$550.00**

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

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

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100000390468  
01/23/06-80027-020 150.00

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 Date Daytime Phone #