2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #571349

1. Entity Name A.J.M. CONSULTANTS, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

8743 N.W. 151ST TERRACE MIAMI, FL 33016 US

Mailing Address

PO BOX 4946 PO BOX 4946

HIALEAH FL, 33014 US

03062007

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-1825063

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AQUINO, JOSE M 8743 N.W. 151ST TERRACE MIAMI, FL 33016

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	•
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		•
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AQUINO, JOSE M. 8743 N.W. 151ST TERR MIAMI, FL	!				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AQUINO, MERCEDES 8743 NW 151ST TERR. MIAMI, FL 33018	:			000000723458 05/02/07-80072-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	į	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

JOSE M ROLINS 4/18/07 305557-1286