

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 571349

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4946  
PO BOX 4946  
HIALEAH FL, 33014 US

**New Mailing Address:**

PO BOX 4946  
HIALEAH, FL 33014 US

FEI Number: 59-1825063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AQUINO, JOSE M.  
Address: 8743 N.W. 151ST TERR  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: AQUINO, MERCEDES  
Address: 8743 NW 151ST TERR.  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE M AQUINO

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date