

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000001479**

1. Entity Name  
**AJS PORTRAITS, INC. VII**



Principal Place of Business  
**10300 SOUTHSIDE BLVD.,  
#1310 - AVENUES MALL  
JACKSONVILLE, FL 32256**

Mailing Address  
**P. O. BOX 94612  
OKLAHOMA CITY, OK 73143**



02292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0562884</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AL SCIARRINO PRES  
8597 ETHANS GLEN TERRACE  
JACKSONVILLE, FL 32256**

**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

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, 2008 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	PCD SCIARRINO, AL PRES 8597 ETHANS GLEN TERRACE JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOARES-ABRANTES, JULIANA SEC 8597 ETHANS GLEN TERRACE JACKSONVILLE, FL 32256
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03/21/08-80037-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Rebecca Horn* **Rebecca Horn, GS Accountant** **2/28/08** **(405) 602-5918**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #