2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 22, 2005 8:00 am Secretary of State

DOCUMENT # F0400006285 1. Entity Name A.J.I. ENTERPRISE INC.							08-22-200	05 90061 008 ***	150.00
Principal Place of Business Mailing Address								•	
7156 W. 127TH ST. SUITE 143 PALOS HEIGHTS, IL 60463 24869 QUIXOTE AVE BONITA SPRINGS, FL 3413								50062	2693
ی ک	lace of Business	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07052005	Chg-P	CR2E034 (10/03)	
City & State			City & State			4. FEI Number	4430860		pplied For ht Applicable
Zip -	Country		Zip	Country	ountry 5. Certificate of Status		of Status Desired	S8.75 Add	
	6. Name and Address of	of Current Regis	itered Agent		7. Name and Address of New Registered Agep>				
DONOFRIO, DIANE 24869 QUIXOTE BONITA SPRINGS, FL 34135 Street Address (F. O'Boy Number is NOT Acceptable) DON I POUNTS FL Zip Code 3 S									
8. The above named entity symmits 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, typh or plants name of registered agent and lide if alphicative. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fin Trust Fund Contribution					\$5.	.00 May Be ed to Fees		rith s. 607.193(2)(b), not receive the prior r	
10.	OFFIC	CTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	СР	Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	DONOFRIO, ALEXAND	NAME Street address		pree					
CITY-ST-ZIP	7156 W. 127TH ST. SUITE 143 PALOS HEIGHTS, IL 60463			City-St-Zii	1				
TITLE	S □ Delete It							☐ Change	☐ Addition
NAME Street Address	DONOFRIO, DIANE 24869 QUIXOTE	NAME STREET A		DECC					
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				nt 22				
TITLE	☐ Deleto						_	_ Change	☐ Addition
NAME				NAME					
STREET ADDRESS CITY-SI-ZIP				STREET ADD					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS				STREET ADD	i i				
CITY-SI-ZIP		 	Г	CITY-ST-ZII	<u> </u>			Change	C) Addition
TITLE NAME			☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS				STREET ADD					
CITY-ST-ZIP				CITY-ST-Zil	P				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS				name Street add	RESS				
CITY-\$1-ZIP				CITY-ST-ZII					
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.									

AJI. ENEMPRISE INC