

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90367 020 \*\*\*150.00

DOCUMENT # K14432

1. Entity Name

A J MOLD MANUFACTURING, INC.



Principal Place of Business

~~5874 NW 199 STREET~~  
~~MIAMI, FL 33015 US~~

Mailing Address

~~5874 NW 199 ST.~~  
~~HIALEAH, FL 33015~~

50041578



2. Principal Place of Business

19484 N.W. 61<sup>st</sup> Avenue  
Suite, Apt. #, etc.

3. Mailing Address

19484 N.W. 61<sup>st</sup> Avenue  
Suite, Apt. #, etc.

04102005

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0029174

Applied For

Not Applicable

Zip

33015

Country

Zip

33015

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~LOPEZ, LUIS E.~~  
~~5874 NW 199 ST~~  
~~MIAMI, FL 33015~~

7. Name and Address of New Registered Agent

Name

Lopez, Luis E.

Street Address (P.O. Box Number is Not Acceptable)

19484 N.W. 61<sup>st</sup> Avenue

City

Miami

FL

Zip Code

33015

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ Delete  
NAME ~~LOPEZ, LUIS E.~~  
STREET ADDRESS ~~5874 NW 199 ST~~  
CITY-ST-ZIP ~~MIAMI, FL~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ ☒ Change ☐ Addition  
NAME ~~LOPEZ, LUIS E.~~  
STREET ADDRESS ~~19484 N.W. 61<sup>st</sup> Avenue~~  
CITY-ST-ZIP ~~MIAMI, FL 33015~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis E. Lopez

X04/15/05 (305) 620-8463

Date

Daytime Phone #