2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

K24430

1. Entity Name

AJAME CORPORATION



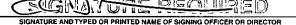
FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90173 034 ***150.00

Principal Plac 8150 S.W. 8TH SUITE 125 MIAMI FL 3314		3400 (Suite	Mailing Address 3400 CORAL WAY SUITE 600 MIAMI FL 33145						
2. Principal F	Place of Business	3. Mai	3. Mailing Address					F 61411 BIG	#101 [#8]
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0052753			plied For Applicable
Zìp '	Coun	ry Zip		Country	5. 0	Certificate of Status Desired	□ \$8.7	75 Addi Required	itional
	6. Name and Ad-	dress of Current Registere	7. N	lame and Address of New Re	gistered Agent				
	NEST R				Name Street Address (P.O. Box Number is Not Acceptable)				
8150 S.W. MIAMI FL	. 8TH STREET, SUI 33144	TE 125							
	<i>di.</i>			City			FL Z	ip Code	
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution	~ ~	\$5.0 0	May Be to Fees
10.	<u> </u>	OFFICERS AND DIRECTO	RS	11.	ADI	DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARIAS, ERNEST R 8150 SW 8TH ST. MIAMI FL 33144		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	a.		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition

12. I hereby certify that the information supplied with this filling 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:



305) 446 2055