

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014877

1. Entity Name
AJ PROMOTIONS LLC



Principal Place of Business
**21008 NE 34TH CT
AVENTURA, FL 33180**

Mailing Address
**21008 NE 34TH CT
AVENTURA, FL 33180**



01292004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1141571

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

8. Name and Address of Current Registered Agent

**AGHION, ALBERTO
21008 NE 34TH CT
AVENTURA, FL 33180**

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGHION, ALBERTO 21008 NE 34TH CT AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGHION, JACQUES 19333 COLLINS AVENUE, #708 SUNNY ISLES, FL 33160
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02/04/04-80112-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JACQUES AGHION
JAN. 27/04 305-5024402