


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90026 032 ****50.00

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
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2. Principal Place of Business - No P.O. Box # 19333 COLLINS AVE.	3. Mailing Address 19333 COLLINS AVE
Suite, Apt. #, etc. 708	Suite, Apt. #, etc. 708
City & State SUNNY ISLES FL	City & State SUNNY ISLES FL
Zip 33160	Country USA



03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1141571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent AGHION, ALBERTO 19333 COLLINS AVENUE #708 SUNNY ISLES, FL 33160	7. Name and Address of New Registered Agent Name JACQUES AGHION Street Address (P.O. Box Number is Not Acceptable) 19333 COLLINS AVENUE #708 City SUNNY ISLES FL Zip Code 33160
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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 JACQUES AGHION DATE 2/April/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AGHION, ALBERTO 19333 COLLINS AVENUE #708 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AGHION, JACQUES 19333 COLLINS AVENUE, #708 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: JACQUES AGHION DATE 2/April/07

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

Date Daytime Phone #