2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L04000089402

Entity Name: AJLM ENTERPRISES LLC

Current Principal Place of Business:

2101 NW 119 STREET
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

13600 S. BISCAYNE RIVER DR.
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 20-1984629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, ALTIDOR
197 NW 88 STREET
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

PIERRE, WILFRID W
1133 BELLE MEADE ISLAND DR
MIAMI, FL 33138 US

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.

SIGNATURE: WILFRID W PIERRE 03/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MERISIER, LAMARITINE
Address: 13600 S BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33161

Title: MGRM ( ) Delete
Name: JOSEPH, ALTIDOR
Address: 197 NW 88 STREET
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: MERISIER, LAMARITINE
Address: 13600 S BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33161

Title: MGRM (X) Change ( ) Addition
Name: MERISIER, LAMARTINE
Address: 13600 S BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAMARTINE MERISIER P 03/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date