2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 08:00 AM Secretary of State

	ANNOAL	VEL OIX I			Jai	n 23, 2004 08:0
DOCUMENT # L19024]			Secretary of Sta
t. Entity Nerr			1	1		Secretary or St
AJAM EN	ITERPRISES, INC.			}		
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Principal Plac	e of Business	Mailing Address				
1937 WEST 60 STREET 1937 WEST 60 STREET						
HALEAH, FL 33012 HALEAH, FL 33012				1		
				'		
DO NOT WRITE IN THIS SPACE				01092004 No Chg-P CR2E034 (10/03)		
				4. FEI Numb		Applied For
				65-015		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional
		John d Barris	1 24			Fee Required
S. Hame and Address of Current Registered Agent						ļ
ARISSO, ANA C.				DO	NOT W	RITE
1937 WEST 60 STREET						
HIALEAH, FL 33012			}	IN 7	THIS SF	PACE
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 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, speed or printed reams of registered agent and title if applicable. INCITE Registered Agent algent algent algent and title if applicable. INCITE Registered Agent algent algent algent when reduction						
- Annual Manager and Annual An						
PIL.	E NOWEL FEE IS \$150.00	9. Election Campeign Final		\$5.00 May Be		
After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	L	Added to Fees		
10.	OFFICERS AND DIF	ECTORS	ومعروب	·····		
ME	P					Ì
HANE	ARISSO, ANA C. 1841 SW 92 PLACE					
STWEET MODRESS City-St-Zip	MIAMI, FL					
TITLE	S		1			
HAME	ARISSO, JOSE J.		Ì		ՄԸՕԸ	00010889
STREET ADDRESS	1841 SW 92 PLACE				01/23/0	4-80015-010 158.75
CITA-21-5%	MIAMI, FL					
TITLE			l			· ·
STREET ADDRESS						
C/1Y-51-20*				DO	NOT W	RITE
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MME			I			
SZENGON TERMIZ			I			
CITY-ST-ZIP		Charles and a set of the set of	modine deservi	- Cantina 440 O'NON	D Chair Chart	I for whom counting these these information
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 order oath the control of th						
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: 1008 TUSSO 1-21-04 305558844						
SIGNATURE: / MODE (111500) /-2/-DY 5053588997						