



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L19024 1. Entity Name AJAM ENTERPRISES, INC.																																											
Principal Place of Business 1937 WEST 60 STREET HIALEAH, FL 33012																																											
Mailing Address 1937 WEST 60 STREET HIALEAH, FL 33012		 01092008 No Chg-P CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number 65-0152009</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0152009	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent ARISSO, JOSE J 1937 WEST 60 STREET HIALEAH, FL 33012		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%"><tr><td style="width:15%">TITLE</td><td>PS</td></tr><tr><td>NAME</td><td>ARISSO, JOSE J.</td></tr><tr><td>STREET ADDRESS</td><td>1937 W. 60TH STREET</td></tr><tr><td>CITY-ST-ZIP</td><td>HIALEAH, FL 33012</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PS	NAME	ARISSO, JOSE J.	STREET ADDRESS	1937 W. 60TH STREET	CITY-ST-ZIP	HIALEAH, FL 33012	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE UD00000781970 01/15/08-80055-016 158.75	
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12. 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 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: <u>Jose Arisso</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/9/08</u> Daytime Phone # <u>305 558 8445</u>																																									