

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90015 042 ***150.00

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03082005 Chg-P CR2E034 (10/03)

DOCUMENT # M34879 1. Entity Name AJR INVESTMENTS CORP.					
Principal Place of Business 430 CANADA AVE CORAL GABLES, FL 33134			Mailing Address PO BOX 141294 CORAL GABLES, FL 33134		
2. Principal Place of Business 140 SW 30 CT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL Zip Country		City & State Zip Country		4. FEI Number 59-2804331 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required				6. Name and Address of Current Registered Agent HERRERA, JOHN 430 CANDIA AVENUE CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Herrera, John Street Address (P.O. Box Number is Not Acceptable) 1320 S. Dixie Hwy PH. 1275 Coral Gables FL 33146				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, name for printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is required when fee is charged)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HERRERA, RICHARD 425 ALEDO AVE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herrera, John ☒ Change ☐ Addition 1320 S. Dixie Hwy, PH. 1275 CORAL GABLES, FL. 33146		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, JOHN 430 CANDIA AVE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ☒ Change ☐ Addition Richard Herrera PO Box 141294 CORAL GABLES, FL. 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERA-ALEX 3905 RIVIERA DR. CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 no address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR				3/14/05 Date	