


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M34879</b> 1. Entity Name <b>AJR INVESTMENTS CORP.</b>				
Principal Place of Business <b>140 SW 30 CT MIAMI FL 33134</b>		Mailing Address <b>PO BOX 141294 CORAL GABLES FL 33134</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>HERRERA, JOHN 1320 S DIXIE HWY PH1275 CORAL GABLES FL 33146</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 typed or printed name of registered agent and title if applicable)				



1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2804331</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete HERRERA, JOHN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>UD0000532636</b>
NAME	1320 S DIXIE HWY PH 1275	NAME	<b>05/05/06-80093-013 150.00</b>
STREET ADDRESS	CORAL GABLES FL 33146	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete HERRERA, RICHARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PO BOX 141294	NAME	
STREET ADDRESS	CORAL GABLES FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *John Herrera* **John Herrera** 4/24/06 (305) 666-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #