


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M83476 1. Entity Name O.A.J. LAND COMPANY, INC. |  |
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| Principal Place of Business 6835 SW 92ND ST. MIAMI, FL 33156 | Mailing Address 6835 SW 92ND ST. MIAMI, FL 33156 |
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ALVAREZ, JACINTO
SUITE 305
1550 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BCH, FL 33179

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000219513 02/08/05-80031-004 158.75 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALVAREZ-JACINTO, OLGA 6835 SW 92ND ST. MIAMI, FL |
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12. I hereby certify that the information supplied with this filing 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 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: Olga Alvarez-Jacinto February 04, 2005 305-258-5602

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