## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 22, 2007 8:00 am Secretary of State DOCUMENT # N04000003820 02-22-2007 90010 048 \*\*\*\*70.00 AJ FÓUNDATION, INC. Principal Place of Business Mailing Address 6241 SW 56TH CT 6241 SW 56TH CT **DAVIE, FL 33314 DAVIE, FL 33314** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 55-0879886 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Carrie L. Wa<u>sserman</u> WASSERMAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6241 SW 56th Court 6241 SW 56TH CT **DAVIE, FL 33314** Zip Code 3 3 3 1 4 Davie 8. The above narried entity submitts this spatement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE & (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete PDST Change ☐ Addition NAME WASSERMAN, CARRIE L NAME Wasserman, Carrie L. 6241 SW 56th Court 6241 SW 56TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33314** CITY-ST-ZIP Davie, Fl 33314 VPD ☐ Delete TITLE TITLE □ Сһалде ☐ Addition GRAYZEL, EVA NAME NAME STREET ADDRESS 4245 FARMERSVILLE CT STREET ADDRESS CITY-ST-ZIP EASTON, PA 18045 CITY-ST-ZIP STD TTLE Delete TITLE ☐ Change ☐ Addition WASSERMAN, ROBERT NAME NAME 6241 SW 56TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33314** CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 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 employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingent with an address withhall other like empowered.

FILED