

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000466

FILED  
Sep 04, 2008  
Secretary of State

Entity Name: AJE FOUNDATION, CORP.

## Current Principal Place of Business:

18810 LENAIRE DR  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

18810 LENAIRE DR  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 81-0682118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

EUSEBE, ANTOINE  
18810 LENAIRE DR  
MIAMI, FL 33157      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EUSEBE, ANTOINE  
Address: 18810 LENAIRE DR  
City-St-Zip: MIAMI, FL 33157

Title: DP ( ) Delete  
Name: PIARD, ALPHONSE  
Address: 21270 NE 3 CT  
City-St-Zip: MIAMI, FL 33179

Title: DVP ( ) Delete  
Name: DAPHNIS, HALLAN  
Address: 11938 SW 272 TERR  
City-St-Zip: MIAMI, FL 33033

Title: S ( ) Delete  
Name: EDOUARD, CAROLLE  
Address: 10211 SW 117 CT  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: BIAMBY, MARIE  
Address: 18522 SW 92 CT  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINE EUSEBE

D

09/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date