2006 FOR PROFIT CORPORATION

Jan 30, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P00000077874** 01-30-2006 90045 013 ***150.00 1. Entity Name A.J.A.S., INC. Principal Place of Business Mailing Address C/O EDUARDO FORTOUL, 12532 SW 8 ST C/O EDUARDO FORTOUL, 12532 SW 8 ST MIAMI, FL 33184 MIAMI, FL 33184 CR2E034 (11/05) 01162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1033646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JARAMILLO, ALVARO DO NOT WRITE C/O EDUARDO FORTOUL, 12532 SW 8 ST MIAMI, FL 33184 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME JARAMILLO, ALVARO STREET ADDRESS C/O EDUARDO FORTOUL, 12532 SW 8 ST CITY-ST-7IP MIAMI, FL 33184 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IME IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 an address, with all gifter like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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