

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000006755

1. Entity Name
A.J. MENO, INC.



FILED

05 JUL 13 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19700 S.W. 184TH ST
MIAMI, FL 33187

Mailing Address
19700 S.W. 184TH ST
MIAMI, FL 33187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06172005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1070947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JUAN D
19700 S.W. 184TH ST
MIAMI, FL 33187

7. Name and Address of New Registered Agent

Name **MARIA MENDEZ**

Street Address (P.O. Box Number is Not Acceptable)

19700 SW 184 ST.

City **MIAMI**

FL

Zip Code

33187

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]
MARIA MENDEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

6-28-05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JUAN D	
STREET ADDRESS	19700 SW 184 ST	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, SILVIA	
STREET ADDRESS	20230 SW 184 ST	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	P	<input type="checkbox"/> Delete
NAME	MENDEZ, ARMANDO	
STREET ADDRESS	19700 SW 184 ST	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	S	<input type="checkbox"/> Delete
NAME	MENDEZ, MARIA	
STREET ADDRESS	19700 SW 184 ST	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000057719440
07/20/05--01055--004 **\$61.25

[Signature]
7/19

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:

[Signature]
MARIA MENDEZ

6-28-05

Date

305-259-4120

Daytime Phone #