

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000032148

1. Entity Name
AJP ENTERPRISES, INC.



Principal Place of Business
14124 ISLAMORADA DRIVE
ORLANDO, FL 32837

Mailing Address
14124 ISLAMORADA DRIVE
ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3723753** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, OSVALDO
14124 ISLAMORADA DRIVE
ORLANDO, FL 32837

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000150345
 05/04/04-80002-017 150.00

10. OFFICERS AND DIRECTORS

TITLE **PTD**
 NAME **PERDOMO, OSVALDO**
 STREET ADDRESS **14124 ISLAMORADA DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **VPSD**
 NAME **SNTIAGO-PERDOMO, MARILYN**
 STREET ADDRESS **14124 ISLAMORADA DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

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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)(l), 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: *Osvaldo Perdomo Osvaldo Perdomo* **4-29-04** **407-816-1437**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #