


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000048196**

1. Entity Name  
**A.M.J. BROTHERS, INC.**



Principal Place of Business      Mailing Address

**3770 W 9 WAY**      **3770 W 9 WAY**  
**HIALEAH, FL 33012**      **HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



04082005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1125610**      Not Applicable

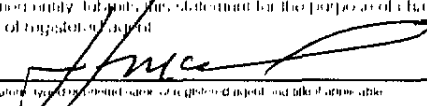
5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORAN, HERIBERTO**  
**3770 W 9 WAY**  
**HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity, by this statement for the purpose of having 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:       DATE: \_\_\_\_\_

Signature of registered agent or registered agent and office of same office      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

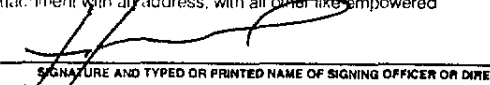
1100000302805  
 04/13/05-80085-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORAN, HERIBERTO
STREET ADDRESS	3770 W 9 WAY
CITY, ST, ZIP	HIALEAH, FL 33012
TITLE	V
NAME	MORAN, JUAN C
STREET ADDRESS	3770 W 9 WAY
CITY, ST, ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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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)(b), Florida Statutes. I further certify that the information indicated on this report or supplement if reported, 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:       Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR