


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90472 033 ***150.00

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|--|--|--|---|---|--|
| DOCUMENT # P01000057588 | | | |  | |
| 1. Entity Name ASJ CONSULTING, INC. | | | | | |
| Principal Place of Business 1105 POINTE COVE #205 LAKE MARY, FL 32746 | | | Mailing Address 1105 POINTE COVE #205 LAKE MARY, FL 32746 | | |
| 2. Principal Place of Business - No P.O. Box # 104 MAGNOLIA PARK TRAIL | | | 3. Mailing Address 104 MAGNOLIA PARK TRAIL | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State SANFORD FL | | | City & State SANFORD FL | | |
| Zip 32771 | | | Zip 32771 | | |
| Country | | | Country | | |
| 4. FEI Number 59-3721785 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent EBRAHIM, AHMED 1105 POINTE COVE #205 LAKE MARY, FL 32746 | | | 7. Name and Address of New Registered Agent Name AHMED EBRAHIM Street Address (P.O. Box Number is Not Acceptable) 104 MAGNOLIA PARK TRAIL City SANFORD FL Zip Code 32771 | | |
| 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 <u>A</u> (NOTE: Registered Agent Signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAHMAN, SIDRAT 1105 POINTE COVE #205 LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAHMAN, SIDRAT 104 MAGNOLIA PARK TRAIL SANFORD FL 32771 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EBRAHIM, AHMED 1105 POINTE COVE #205 LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EBRAHIM, AHMED 104 MAGNOLIA PARK TRAIL SANFORD FL 32771 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>A Sidrat Rahman</u> | | | 4/26/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |