

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000080560

1. Entity Name

A & J FOLIAGE EXPRESS, INC.



Principal Place of Business

20805 SW 172 AVENUE
MIAMI, FL 33187

Mailing Address

P.O. BOX 570520
MIAMI, FL 33257



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1154571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA HOZ, JORGE E CPA
304 PALERMO AVENUE
CORAL GABLES, FL 33134

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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 _____

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKINS, PAUL D
STREET ADDRESS 20805 SW 172 AVENUE
CITY - ST - ZIP MIAMI, FL 33187

TITLE VPD
NAME WILKINS, TAMARA E
STREET ADDRESS 20805 SW 172 AVENUE
CITY - ST - ZIP MIAMI, FL 33187

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07/12/04-80010-007 558.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04 305-232-3637
Date Daytime Phone #