


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000116934 1. Entity Name AJR PRODUCTIONS INC.	
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Principal Place of Business CONCORDE CENTRE II, 2999 NE 191 ST, #800 AVENTURA, FL 33180	Mailing Address CONCORDE CENTRE II, 2999 NE 191 ST, #800 AVENTURA, FL 33180
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3754135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROER, RICHARD CONCORDE CENTRE II, 2999 NE 191 ST, #800 AVENTURA, FL 33180
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROER, JOEY 7000 ISLAND BLVD 1 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROER, ARLYNE 3201 N.E. 183 ST AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROER, RICHARD 3201 NE 183 ST AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/26/05-80022-023 150.00

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #