2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 08:00 AM **DOCUMENT # P02000083738 Secretary of State** AJS, EXPORT CORP. Principal Place of Business Mailing Address 19214 SW 4TH ST 19214 SW 4TH ST PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 01062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1641344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LISS, GERALD DO NOT WRITE 19214 S.W. 4TH STREET PEMBROKE PINES, FL 33029 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LISS, GERALD NAME 19214 S.W. 4 STREET STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP U00000587641 TITLE 01/17/07-80040-022 150.00 NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP

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