
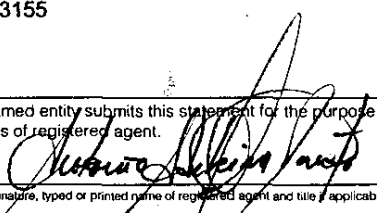
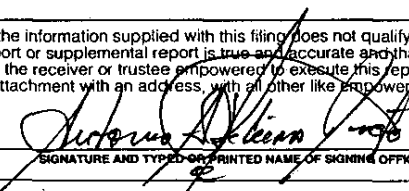


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91045 049 ***150.00

DOCUMENT # P02000083905			
1. Entity Name A & J GROUP SERVICES, INC.			
Principal Place of Business 8500 SW 133 AVE RD #211 MIAMI, FL 33183		Mailing Address 8500 SW 133 AVE RD #211 MIAMI, FL 33183	
2. Principal Place of Business 4761 SW 163 PLACE Suite, Apt. #, etc.		3. Mailing Address 4761 SW 163 PLACE Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33185 Country		City & State MIAMI, FL Zip 33185 Country	
4. FEI Number 76-0707508		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 CORONADO, NESTOR 7360 CORAL WAY STE 21 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name ANTONIO ABELEIRA Street Address (P.O. Box Number is Not Acceptable) 4761 SW 163 PLACE City MIAMI FL Zip Code 33185	
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:  04/08/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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 <input type="checkbox"/> Delete ABEUEIRA, ANTONIO 8500 SW 133 AVE RD #211 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABEUEIRA, ANTONIO 4761 S.W. 163 PLACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> Delete SUAREZ, ORIA J 8500 SW 133 AVE RD #211 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4761 S.W. 163 PLACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		04/08/04 (305) 228-9075 <small>Date Daytime Phone #</small>	