2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90268 042 ***150.00

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DOCUMENT # P02000088242

1. Entity Name
AJJ CONTRACTORS INC.

Principal Place of Business	Mailing Address
9710 HAMMOCKS BLVD., SUITE 201 MIAMI, FL 33196	9710 HAMMOCKS BLVD., SUITE 201 MIAMI, FL 33196

03302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14350 SW 133 Ave.	14350 SW 133 Ave.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miami - Fl	City & State: Miami - Fl
Zip: 33186 Country:	Zip: 33186. Country:

4. FEI Number: 52-2374697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, RAUL
8006 SW 149 AVENUE #301
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 14350 SW 133 Ave.
City: Miami FL Zip Code: 33186

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: Raul Jaramillo.
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARAMILLO, RAUL 9710 HAMMOCKS BLVD., SUITE 201 MIAMI, FL 33196	☐ Delete	14350 SW 133 Ave. Miami - Fl 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMAYA, LILIANA 9710 HAMMOCKS BLVD., SUITE 201 MIAMI, FL 33196	☐ Delete	14350 SW 133 Ave Miami - Fl 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 04/05/05 3053427150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #