



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 041 ***150.00

DOCUMENT # P02000091026 1. Entity Name AJM CONSTRUCTION, INC.					
Principal Place of Business 602 NE 12TH AVE POMPANO BEACH, FL 33060				Mailing Address 602 NE 12TH AVE POMPANO BEACH, FL 33060	
2. Principal Place of Business 2021 West Atlantic Blvd.		3. Mailing Address 2021 West Atlantic Blvd.			
Suite, Apt. #, etc. 111		Suite, Apt. #, etc. 111		04292005 Chg-P CR2E034 (10/03)	
City & State Pompano Beach, Florida		City & State Pompano Beach, Florida		4. FEI Number 02-0638593	
Zip 33069		Country USA		Applied For Not Applicable	
Zip 33069		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REIS, JENNIFER K 602 NE 12TH AVE POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of charging 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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 REIS, MARCOS M 602 NE 12TH AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Reis, Marcos 2021 West Atlantic Blvd. #111 Pompano Beach, FL 33069
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD REIS, JENNIFER 602 NE 12TH AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Reis, Jennifer 2021 West Atlantic Blvd. #111 Pompano Beach, FL 33069
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: <i>Jennifer Reis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/05 Daytime Phone # (954) 464-1412		