

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 005 ***150.00

DOCUMENT # P02000091026 1. Entity Name AJM CONSTRUCTION, INC.					
Principal Place of Business 2021 W ATLANTIC BLVD, #111 POMPANO BEACH, FL 33069			Mailing Address 2021 W ATLANTIC BLVD, #111 POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08152006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 02-0638593	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REIS, JENNIFER K 602 NE 12TH AVE POMPANO BEACH, FL 33060				Name Jennifer K. Reis Street Address (P.O. Box Number is Not Acceptable) 2021 W. Atlantic Blvd. Apt. 111 City Pompano Beach FL Zip Code 33069	
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 <u>Jennifer Reis</u> Jennifer Reis, President 8/15/06 (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing) DATE)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REIS, MARCOS M 2021 W ATLANTIC BLVD, #111 POMPANO BEACH, FL 33069 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REIS, JENNIFER 2021 W ATLANTIC BLVD, #111 POMPANO BEACH, FL 33069 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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.					
SIGNATURE: Jennifer Reis Jennifer Reis 8/15/06 954-969-5954 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					