


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90047 040 \*\*\*150.00

<b>DOCUMENT # P02000125234</b>		
1. Entity Name <b>AJA RESTAURANTS, INC.</b>		

Principal Place of Business <b>160 W. EVERGREEN AVE., STE. 211 LONGWOOD FL 32750</b>	Mailing Address <b>160 W. EVERGREEN AVE., STE. 211 LONGWOOD FL 32750</b>
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2. Principal Place of Business <b>598 S. RONALD REAGAN Blvd</b>	3. Mailing Address <b>598 S. RONALD REAGAN Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LONGWOOD, FL</b>	City & State <b>LONGWOOD, FL</b>
Zip <b>32750</b>	Zip <b>32750</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>TATO, MANUEL II 160 W. EVERGREEN AVE., STE. 211 LONGWOOD FL 32750</b>		7. Name and Address of New Registered Agent Name <b>R. Edward Cooley, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>Shepherd, McCabe &amp; Cooley</b> <b>1450 SR 434 West, Ste 200</b> City <b>LONGWOOD</b> FL Zip Code <b>32750</b>	
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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 *R. Edward Cooley* (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>TATO, MANUEL II</b> <b>160 W. EVERGREEN AVE., STE. 211</b> <b>LONGWOOD FL 32750</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>598 SOUTH RONALD REAGAN Blvd</b> <b>LONGWOOD, FL 32750</b>
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
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: *TC* **3/31/05** **407-767-9977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #