## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2007 08:00 AM **DOCUMENT # P03000012988 Secretary of State** AJM DEVELOPMENT COMPANY Principal Place of Business Mailing Address 5867 SW 47 STREET 5867 SW 47 STREET MIAMI, FL 33155 MIAMI, FL 33155 01282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1148435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Recuired 6. Name and Address of Current Registered Agent MAYAN, JESUS A DO NOT WRITE **5867 SW 47 STREET** MIAMI, FL 33155 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000613437 02/05/07-80039-001 150.00 MAYAN, JESUS A NAME STREET ADDRESS 5867 SW 47 STREET CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling edge 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 trusted empowered in 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:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7864125448

FILED