


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90011 022 \*\*\*150.00

**DOCUMENT # P03000014226**

1. Entity Name  
**AJT ENTERPRISES, INC.**



Principal Place of Business  
**4354 DANIELSON DRIVE  
 LAKE WORTH, FL 33467**

Mailing Address  
~~4354 DANIELSON DRIVE  
 LAKE WORTH, FL 33467~~

44050378



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
~~Suite, Apt. #, etc.~~  
**7777 GLADES ROAD  
 209  
 BOCA RATON, FL  
 33434 PALM BCH**

07192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**MIANO, LAWRENCE J ESQ.  
 3801 NORTH FEDERAL HIGHWAY  
 POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent  
 Name  
**ROBERT F. MAHONEY, RA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7777 GLADES RD  
 SUITE 209**  
 City  
**BOCA RATON, FL** Zip Code  
**33434**

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  **ROBERT F. MAHONEY, RA** DATE **7/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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**

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | THOMAS, AUBREY J     |                                 |
| STREET ADDRESS | 4354 DANIELSON DRIVE |                                 |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 persons empowered.

SIGNATURE:  **THOMAS** DATE **7/19/04** DAYTIME PHONE # **954-830-7862**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR