2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 08:00 Al Secretary of State

	AIIIIVAL .			3		Canadam	. af C
DOCUMENT # P03000023295 1. Entity Name AJTB, INC.						Secretary	01 5
Principal Plac 7351 WEST MIAMI, FL 3	FLAGLER STREET	Mailing Address 7351 WEST FLAGLER STREET MIAMI, FL 33144		 	III BB Y by (2001 Jb iii By iil bb ii	? 88 77 8 (1888 (1886 (1887)	100) († 180)
 _			·				
DO NOT WRITE IN THIS SI			hyd Ame	03232005 No Chg-P CR2E034 (10/03)			
L	M MOI MAUIE	in ini omi		4. FEI Numb 13-424	-	 '	olied For Applicable
			<u> </u>	5. Certificate	e of Status Desired	S8.75 Addi	
	6. Name and Address of Current Re	gistered Agent					
TAMAYO, ANDRES J 7351 WEST FLAGLER STREET MIAMI, FL 33144			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. Tam familiar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	d Agent signature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	noing \$5	.00 May Be led to Fees			
10.	OFFICERS AND DIE	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMAYO, ANDRES J 7351 WEST FLAGLER STREET MIAMI, FL 33144				U00000 03/30/05-	281193 80052-006 150	0.00
TITLE NAME STREET ADDRESS CITY-ST-JIP							
TITLE NAME STREET ADDRESS				DΛ	NICT W	o i te	į

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

TITLE
NAME
STREET ADORESS
CITY-ST-ZIP
TITLE
NAME
STREET ADORESS
CITY-ST-ZIP
TITLE
NAME
STREET ADORESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADORESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Daytime Phone #