

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90035 039 ***150.00

DOCUMENT # P03000027969

1. Entity Name
A.J.A. LEGAL COLLECTIONS SERVICES, INC.



Principal Place of Business

3343 NW 35 ST
MIAMI, FL 33142

Mailing Address

3343 NW 35 ST
MIAMI, FL 33142

2. Principal Place of Business

1055 W 29 ST
Suite/Apt. #, etc.
#1 Room #2
City & State
Hialeah, FL
Zip
33012 Country

3. Mailing Address

1055 W 29 ST
Suite/Apt. #, etc.
#1 Room #2
City & State
Hialeah, FL
Zip
33012 Country



02162004

Chg-P

CR2E034 (10/03)

4. FEI Number

86-1051401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, HECTOR
3343 NW 35 ST
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name Toledo, Hector.
Street Address (P.O. Box Number is Not Acceptable)

1055 W 29 ST #1 Room #2
City Hialeah FL Zip Code 33012

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TOLEDO, HECTOR
STREET ADDRESS 3343 NW 35 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Toledo, Hector.
STREET ADDRESS 1055 W 29 ST #1 Room #2
CITY-ST-ZIP Hialeah, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #