

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064642

1. Entity Name
A.J.L. SERVICES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 31 AM 12:21

Principal Place of Business

14740 SW 63RD LANE
MIAMI, FL 33193

Mailing Address

14740 SW 63RD LANE
MIAMI, FL 33193

2. Principal Place of Business - No P.O. Box #

7525 SW 152 AV

Suite, Apt. #, etc.

B-108

3. Mailing Address

7525 SW 152 AV

Suite, Apt. #, etc.

B-108

City & State

Miami FL

City & State

Miami FL

Zip

33193

Country

USA

Zip

33193

Country

USA

07302007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0551929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORIO, ALVARO
14740 SW 63RD LANE
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7525 SW 152 AV # B-108

Miami

FL

33193

City

FL

Zip Code

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
Due by September 14, 2007

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 PD ☐ Delete
NAME LORIO, ALVARO
STREET ADDRESS 14740 SW 63RD LANE
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(ADDRESS ONLY) ☒ Change ☐ Addition
NAME 7525 SW 152 AV # B-108
STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33193

VP ☐ Change ☒ Addition
NAME JORGE ARGUELLO
STREET ADDRESS 7525 SW 152 AVE # B-108
CITY-ST-ZIP MIAMI FL 33193

9001074641 ☐ Change ☐ Addition
NAME 08/07/07--01051--019 **150.00
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does 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 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 #