2004 FOR PROFIT CORPORATION

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000136962 04-29-2004 90240 014 ***150.00 1. Entity Name AJR MANAGEMENT OF BREVARD, INC. Principal Place of Business Mailing Address JABIHTOR 1923 N. WICKHAM RD., STE. 1102 1923 N. WICKHAM RD., STE. 1102 MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address 2a5 Price Cour Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FÉI Number atellite Beach -0419404 Sate an Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALRON ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 NARRAGANSETT ST. NE PALM BAY, FL 32907 <u>a</u>as 8. The above named entity sybriits this etalement 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 registe SIGNATURE. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11" -10. 11. DIPIS Change Delete ☐ Addition TITLE TITLE RUGGIANO, ANTHONY J NAME NAME STREET ADDRESS 1923 N. WICKHAM RD., STE. 1102 STREET ADDRESS Price MELBOURNE, FL 32935 CITY-ST-ZIP CITY - ST - ZiP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Add tion TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-12. Thereby certify that the information supplied with this filling 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 emportered 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.

FILED